## GED® Test

## Jurisdiction Price Change Request Form

## Date Submitted:

## Jurisdiction Name:

## GEDTS State Relationship Manager:

## Requested date for completion\*:

**\* Please note the requested date of completion must be approximately 90 days from the date of signed MOU. The implementation schedule will vary depending on the number of test centers impacted by the requested change.**

By completing and signing this form below, as GED Administrator™ for the state of       (Jurisdiction), I represent I have the authority to authorize GED Testing Service to implement the price for the GED® test in the Jurisdiction as outlined on this Price Change Request Form.

Name:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:

Date:

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Current** | **Proposed** | **Comments** |
| Price paid by Candidate per module |  |  |  |
| Price paid by Candidate per battery |  |  |  |
| Jurisdiction Fee |  |  |  |
| List all Discounts:   * DOC discount on Price paid by Candidate per module * Retake * Jurisdiction |  |  |  |
| Channel Comp (Compensation paid by Pearson VUE to the test center)\*\* |  |  | Per Hour or Per Test Fee |

Additional notes and instructions:

Date of signed MOU or MOU Amendment:       (Space is completed after MOU or Amendment is completed)

GEDTS SRM will add list of all impacted testing centers to this document and note any sites that should be deauthorized and submit this form to Pearson VUE Program Manager.

FOR INTERNAL USE ONLY

Price Change Approved by GEDTS Finance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Price Change Approved by Pearson VUE Finance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Price Change Approved By Pearson VUE Channel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_