



## IEEE CS Exam Retesting Application Form

Standard Retesting Exam	n Fee: \$125			
Exam Name:				
*Required Information				
IEEE/IEEE Computer Society	Membership Number:			
Mr./Mrs./Ms./Dr./Prof.:	*First:	Middle:		*Last:
Company Name:	Title:			
*Home Address:				
*City, State/Province:	*Zip/Pc	ostal Code:		Country:
*Home Telephone:	Work Telephone:			
*Email address:				
*Payment information We accept the following pay <u>NOTE</u> : If you prefer to pay by Visa			computer.org	ļ.
Cardholder's Name	Account Number		CVV#	Card Expiration
Billing Address	same as above (check box)			
City, State/Province	Zip/Postal Code			Country
Please send the completed application with the appropriate fees to:	n IEEE Computer Society ATTN: Education Departu 10662 Los Vaqueros Circ Los Alamitos, CA 90720 -	le	email: <u>certif</u> i	cation@computer.org

\*Signature Required