

BCCE-ABLE B2-ALCE C1-C2 Rescoring Request Form

Please complete all infor	mation requested below Cl	LEARLY and LEG	IBLY:		
Candidate Information					
Test	□ ВССЕ	☐ ABLE B2		ALCE C1	-C2
HAU Registration Code					
Last/Family Name					
First Name					
Father's Name					
Date of Birth					
Mailing Address					
City		Postal Code			
Email Address					
Telephone		Mobile			
	☐ GVR & Listening				
Section to be rescored	Writing	Test Center			
	Speaking	-			
Rescoring Fee	The fee for the rescoring of EUROBANK account. The IE	f each section is BAN is GR 88 026	50€. The payme 50 0120 0003 10	nt must be ma 10 0821 820.	ade to the
	In the case of interbank tran American Union. For this rea If the scores after rescoring o	ison, please selec	t "Expenses OUR	" and not "Exp	enses SHA".
Submit your Rescoring Request Form	There are two different ways to submit your Rescoring Request Form along with the deposit slip from the bank. You can either: 1. email it at exams@hau.gr 2. or mail it to the Hellenic American Union, Didotou 15, 106 80 Athens.				
Rescoring Period	The rescoring request should be submitted within 15 days from the date of results announcement.				
Results	Processing your request will you by the Center for Exami				
 Confirm that the above in Confirm that the candidate Examinations and Certifical Any questions on the regular Confirm that I am aware of 	hereby: candidate's exam, as per above. Iformation is correct and accurate te is made aware of and complies ations. Examination regulations o ulations should be addressed to t of the processing of personal data aseis) and by the Hellenic Americ	s with the examinat can be found at htt che Hellenic Americ a by the Hellenic Al	o://www.hau.gr/?i= an Union Center fo merican Union (http	examinations.e r Examinations a os://www.hau.g	n.examination-regulations. and Certifications. r/en-us/data-privacy/
Candidate's name - Parent's/Gu	ardian's name:		D	ate:	. Signature:Please sign to validate the application

