

(Revised: 10/30/2019)

Texas CSR Certification Exam REQUEST FOR EXAM REGRADE or PEER REVIEW REQUEST

Submit form with fees to: TCRA – Testing Advisory Council
PO Box 2379, Athens, TX 75751
or email: TCRAHQ@EMBARQMAIL.COM

- You may request a regrade of the Oral and/or Written Knowledge portion of the exam for a fee of \$35. **Requests for regrades reviews must be received (not postmarked) no later than 20 days after the regrade results were issued to the examinees.**
- You may request a peer review of your Oral exam. Requests for peer reviews **must be received (not postmarked) no later than 20 days after the regrade results were issued to examinees.** Reviews are not granted to those who have not received regrades, nor are they granted for those who took the written portion of the exam.
- **Fees must be in the form of** credit card, check, cashier's check or money order and made payable to the TCRA – Testing Advisory Council. We accept American Express, Discover, Mastercard and Visa.
- Please contact TCRA at 903-675-1806 or TCRAHQ@EMBARQMAIL.COM for additional details or questions.

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|--------------------------------|--------------------------------|
| File #/Certification #: | Test Date (mm/dd/yyyy): |
|--------------------------------|--------------------------------|

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|--|------------------------|
| First/Last Legal Name (No Nicknames): | |
| Address: | |
| City, State, Zip: | Cell Phone No.: |
| Email: | |

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|---|---|
| I am requesting a Regrade for the: | |
| Oral Exam: <input type="checkbox"/> (\$35) taken on: _____. | Written Exam: <input type="checkbox"/> (\$35) |

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| I am requesting a Peer Review for the: |
| Oral Exam: <input type="checkbox"/> You may request a peer review of your Oral exam. Requests for peer reviews must be received (not postmarked) no later than 20 days after the regrade results were issued to the examinee. Reviews are not granted to those who have not received regrades, nor are they granted for those who took the written portion of the exam. |

Date

Signature

| | |
|---|------------------------|
| Credit Card Payment Information: | |
| Credit Card Number: | Expiration Date: |
| Billing Address: | Zip Code: |
| Cardholder's Name: | 3-digit Security Code: |
| Cardholder Signature: | |

***Refund Policy:** No refunds will be given for Regrade Requests after payment has been processed. Fees may not be applied to a future exam.