

Rescoring Request Form

I would like to have the following student's answer form rescored. I understand that there is a \$35.00 charge for each student answer form rescored. Rescoring requests are only accepted within 7 days after the school report has been emailed.

\$ 35.00/each

Student Name _____ \$ _____

Circle contest taken: AMC 10-A AMC 10-B AMC12-A AMC12-B AIME I AIME II

Student Name _____ \$ _____

Circle contest taken: AMC 10-A AMC 10-B AMC12-A AMC12-B AIME I AIME II

Grand Total _____ \$ _____

Teacher's Name _____ CEEB # _____

School Name _____

Address _____

City State _____ Zip _____

Email where re-score should be sent _____

Method of Payment: (Rescores will not be processed until payment is received.)

Check (U.S. funds only) made payable to Mathematical Association of America and mailed with this form to the:

MAA AMERICAN MATHEMATICS COMPETITIONS

PO Box 471

Annapolis Junction, MD 20701

Charge to Visa/Mastercard/AMEX/Discover#: _____ Sec. Code: _____

Name on card (print): _____

Signature: _____

Expiration Date: _____ Telephone: _____

FAX to: 240.396.5647