

# Request to Withdraw from Contact Lens Examination(s)



## Section 1 - Personal Details (To be completed in BLOCK CAPITALS)

**ABDO Membership Number:**  **Title:** Mr  Mrs  Miss  Ms

**Surname:** \_\_\_\_\_ **Forename(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_

## Section 2 – Examination

*This form must be completed if you are wishing to withdraw from any of the following Contact Lens examinations. (Please tick only the examination(s) you wish to withdraw from):*

### Contact Lens

- Unit 1 – Ocular Anatomy, Physiology and Related Pathology
- Unit 2 – Visual Optics
- Unit 3 – Contact Lens Practice
- Unit 4 – Contact Lens Certificate Practical Examination

## Section 3 – Fees/Refund

An administration fee of £20.00 will be deducted from the fees paid for Contact Lens examination(s) you are withdrawing from. The remainder of the fee paid will be refunded in the form of a cheque whether they were paid by cheque, credit/debit card or BAC's.

## Section 4 – Reason for Withdrawal

Please indicate below the reason for your withdrawal:

\_\_\_\_\_  
\_\_\_\_\_

NOTE: Withdrawals made after the closing date of 1<sup>st</sup> April for the Summer session and 1<sup>st</sup> November for the Winter session, must include medical evidence. If none is provided, you will forfeit the examination fees paid.

Signed: \_\_\_\_\_ Date: //

Return your completed Contact Lens Withdrawal form to the **ABDO Examinations & Registration Department, The Old Dairy, Godmersham Park, Godmersham, Canterbury Kent CT4 7DT.**