



CHANGE OF REGISTRATION REQUEST FORM

Mail to: WEST Program
Evaluation Systems
Pearson
P.O. Box 340460
Sacramento, CA 95834-0460

IMPORTANT INFORMATION

- ▶ Use this form if you have already registered and you wish to **change the test date, the test area, and/or the test(s)** for which you originally registered. Processing your request to change your test area is dependent on available space.
- ▶ To change or correct your name, address, telephone number, or social security number, submit a letter to Evaluation Systems requesting the change. There are no fees for these changes.
- ▶ Change of Registration Request Forms may also be completed and submitted on the Internet at the WEST Web site at www.west.nesinc.com.
- ▶ This form must be received by Evaluation Systems by 5:00 p.m. Pacific time on the late registration deadline for the earlier test date indicated in section 6A or 6B.
- ▶ The change of registration fee is \$15. Payment must be made by check or money order payable in U.S. dollars to Evaluation Systems. Include the last five digits of your social security number on your payment. **DO NOT SEND CASH.**

1. Social Security Number

2. Date of Birth

Month Day Year

3. Name

Last

First

Middle

Initial

4. Address Check here if this address is different from the one on your original registration.

P.O. Box or Street Address

City or Town

State

ZIP Code

5. Telephone Numbers

Daytime

Area Code

Evening

Area Code

Complete items 6A, 7A, and 8A regardless of the change(s) you want to make.

6A. Test date for which you originally registered (check one):

- September 12, 2009
- November 14, 2009
- January 9, 2010
- February 27, 2010
- April 17, 2010
- June 5, 2010
- July 24, 2010

For items 6B, 7B, and 8B, complete only the change(s) in registration you wish to make.

6B. New test date: If you are changing your test date, check one new date on which you wish to take the test. By changing your test date, you are changing the date for ALL tests for which you originally registered.

- September 12, 2009
- November 14, 2009
- January 9, 2010
- February 27, 2010
- April 17, 2010
- June 5, 2010
- July 24, 2010
- Future test date (You will receive a voucher that you may use to register for a future test date.)

7A. Test area for which you originally registered (see "Test Sites"):

Code			Area		

7B. New test area: If you are changing your test area, enter the new area at which you want to take the test.

Code			Area		

If you are changing your test selection in item 8 below, review the following information:

- ▶ For test names and test codes, refer to "Test Selection."
- ▶ For test fees, refer to "Test Fees and Payment Policies."
- ▶ To determine permissible test combinations for a single test date, refer to the guidelines in "Test Selection."

8A. Original test selection: Indicate the test(s) for which you originally registered and calculate your Original Total Test Fee.

	Test Code	Test/Subtest Name	Test Fee
1.			
2.			
3.			
4.			
Original Total Test Fee			

8B. New test selection: If you are changing your test(s), indicate the test(s) for which you now wish to be registered and calculate your New Total Test Fee.

	Test Code	Test/Subtest Name	Test Fee
1.			
2.			
3.			
4.			
New Total Test Fee			

8C. Add the \$15 change of registration fee to the New Total Test Fee. Change of Registration Fee + \$ 15

New Total Fee \$ _____

Original Total Test Fee -\$ _____
(from 8A above)

Difference \$ _____

8D. If the New Total Fee (from 8C) is higher than the Original Total Test Fee (from 8A), you must pay the difference.

Enclose this amount.
(Make check or money order payable to Evaluation Systems.)

8E. If the Original Total Test Fee (from 8A) is higher than the New Total Fee (from 8C), you will receive a refund for the difference after the test administration. If you are now removing tests that you will need to take in the future, you will need to register for those tests again when you wish to take them.

9. I have read the 2009-2010 WEST Registration Bulletin and hereby agree to abide by the conditions set forth in the bulletin, including the Rules of Test Participation, and I certify that I am the person whose name and address appear on this form. I understand that incomplete, inaccurate, or missing information on this form may delay or jeopardize my registration. Also, I understand that this Change of Registration Request Form must be **received** by Evaluation Systems by the late registration deadline for the test date I wish either to change from or to change to, whichever is earlier.

Signature

Date

IF THIS FORM IS RECEIVED AFTER THE LATE REGISTRATION DEADLINE FOR THE EARLIER TEST DATE INDICATED IN SECTION 6A OR 6B, IS NOT SIGNED, OR IS NOT ACCOMPANIED BY THE CORRECT PAYMENT, IT WILL BE RETURNED TO YOU UNPROCESSED.