



TEST-ADD 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 submitted your registration and wish to add a test or subtest(s) for that test date.
Test-Add Request Forms may also be completed and submitted on the Internet at the WEST Web site at www.west.nesinc.com.
Refer to "Test Selection" to determine permissible combinations of tests for any one test date.
The fee for adding a test is \$15 for the change of registration plus the test fee for each test added (see below).

Test Fees

WEST-B® subtest \$25 each
WEST-E™ subtest or WEST-E™ Designated World Languages test \$60 each
WEST-E™ test (except Designated World Languages) \$120 each
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

Grid for Social Security Number

2. Date of Birth

Grid for Date of Birth (Month, Day, Year)

3. Name

Grids for Last, First, and Middle Initial names

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

Grids for P.O. Box or Street Address, City or Town, State, and ZIP Code

5. Telephone Numbers

Grids for Daytime and Evening telephone numbers (Area Code)

6. Test date for which you originally registered (check one date). (Do not use this form to change the test date. You must use a Change of Registration Request Form for that purpose.)

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

7. **Test(s) to be added** (see “Test Selection” for test codes and permissible combinations of tests; see the “Important Information” box on this form for test fees):

| | Test Code | Test/Subtest Name | Test Fee |
|----|----------------------------------------------------------------|-------------------|----------|
| 1. | <input type="text"/> <input type="text"/> <input type="text"/> | _____ | \$ _____ |
| 2. | <input type="text"/> <input type="text"/> <input type="text"/> | _____ | \$ _____ |
| 3. | <input type="text"/> <input type="text"/> <input type="text"/> | _____ | \$ _____ |

Add the test fees to get the
Total Test Fee\$ _____

8. **Total Fee Enclosed**

Total Test Fee (from section 7) \$ _____

Add the change of registration fee + \$ 15

Enclose this amount \$ _____

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

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 have enclosed a check or money order for the correct amount payable in U.S. dollars to Evaluation Systems. I understand that this Test-Add Request Form must be **received** by the late registration deadline.

 Signature

 Date

IF THIS FORM IS RECEIVED AFTER THE LATE REGISTRATION DEADLINE, IS NOT SIGNED, OR IS NOT ACCOMPANIED BY THE CORRECT PAYMENT, IT WILL BE RETURNED TO YOU UNPROCESSED.