

OFFICIAL WST SCORE REQUEST FORM

Complete this form and return it to the SJSU Testing Office (IS 228) in-person or via mail.
There is a \$2 fee for each score report. Please make checks or money orders payable to SJSU.

STUDENT DETAILS

Name of Student: _____
Street Address: _____
City: _____ State: _____ Zip: _____
SSN/SJSU ID Number: _____ Phone Number: _____

Date of WST Exam (mm/dd/yy): _____

Please note: The SJSU Graduate Writing Assessment Requirement (GWAR) consists of two parts:
(1) A passing score on the Writing Skills Test (WST)
(2) Either a grade of C or better in a 100W course, or a departmental waiver.

PLEASE SEND SCORE REPORTS TO

Name of Institution: _____
Attention To/Department Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Score reports can ONLY be sent to institutions. Reports will be sent via mail.
If your institution prefers that we fax the report, include fax #: _____

For questions, please contact:

Greg Garcia
Registration and Score Coordinator
E-mail: testing-office@sjsu.edu
Phone: (408) 924-5980

OFFICE USE ONLY

_____ Paid	_____ Essay Score
_____ Payment Date	_____ Objective Score
_____ Initials	_____ Test Date
_____ Sent Date	_____ 100W
_____ Initials	_____ Date of 100W