

Winthrop University
Richard W. Riley College of Education
PRAXIS Scores Request Form

Name, Address, Phone Number, and Email
(Please Print)

Student Number: _____

Name as it appears on Winthrop records (if different): _____

Are you currently enrolled at Winthrop? If not, when did you graduate?

Circle the requested score report: PRAXIS I PRAXIS II

When did you take PRAXIS I or II?

Where is your original score report?

Will you pick up scores in Student Academic Services (144 Withers/W.T.S. Building) or would you like it mailed to you?

Please mail completed form to: Winthrop University
Richard W. Riley College of Education
Student Academic Services
Attn: Suzy Baldwin
144 Withers/W.T.S. Building
Rock Hill, SC 29733

Signature: _____ Date of Request: _____

Office Use Only

Dates Called: _____
