

BEVACQUA, BARBARA M.

Department Copy

Last (Family/Surname) Name, First (Given) Name Middle Initial.

Barbara M. Bevacqua
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Olympia, WA 98502
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Email: bobbibevacqua@gmail.com
Phone: 8085851407
Date of Birth (MM/DD/YYYY): 06/08/1998
Gender: Female

Intended Graduate Major

Code: 0000

Name: Undecided

Most Recent

Test Date:
(MM/DD/YYYY)

Registration
Number:

Print Date:
(MM/DD/YYYY)

09/03/2019

5785969

10/18/2023

Recipient

Inst.
Code

Institution Name

Dept.
Code

Department Name

4292 EVERGREEN STATE COLLEGE

5199 ANY DEPARTMENT NOT LISTED

General Test Scores

Test Date (MM/DD/YYYY)	Verbal Reasoning		Quantitative Reasoning		Analytical Writing	
	Scaled Score	% Below	Scaled Score	% Below	Score	% Below
09/03/2019	164	94	155	46	4.0	56

Subject Test Scores

Test Date (MM/DD/YYYY)	Test Name / Subscore Name	Scaled Score	% Below	% Correct Score