



# TEXAS BOARD OF PROFESSIONAL GEOSCIENTISTS

P.O. Box 13225 • Austin, Texas 78711 • (512) 936-4408 • [www.tbpg.state.tx.us](http://www.tbpg.state.tx.us)

## VERIFICATION OF CSSE EXAM SCORES

### INSTRUCTIONS:

1. It is the responsibility of the applicant to request the necessary verification.
2. Applicant is to complete **Part I** and send this form to:  
Council of Soil Science Examiners, [certification@sciencesocieties.org](mailto:certification@sciencesocieties.org) for the purpose of verifying exam scores.
3. **Part II** is completed by CSSE then returned directly to TBPG.

### PART I: THIS PORTION TO BE COMPLETED BY THE APPLICANT

Applicant Name (Under which the exam was taken): \_\_\_\_\_

Exam Taken: Fundamentals \_\_\_\_\_ (DATE: \_\_\_/\_\_\_/\_\_\_) Professional Practice \_\_\_\_\_ (DATE: \_\_\_/\_\_\_/\_\_\_)  
mm/yy mm/yy

Location where exam was taken : \_\_\_\_\_, \_\_\_\_\_  
City State

I hereby authorize the Council of Soil Science Examiners to release my exam scores to the Texas Board of Professional Geoscientists.

\_\_\_\_\_  
(Signature of applicant)

### PART II: THIS PORTION TO BE COMPLETED BY CSSE

*I certify that the records of the Council of Soil Science Examiners show that the above applicant took the CSSE Soil Science licensing examination(s) and results as noted below:*

- |  |                 |                     |
|--|-----------------|---------------------|
| <input type="checkbox"/> Fundamentals of Soil Science exam | Passed / Failed | Date of exam: _____ |
| <input type="checkbox"/> Practice of Soil Science exam     | Passed / Failed | Date of exam: _____ |

\_\_\_\_\_  
(Signature) (Title) (Phone) / / (Date)

Please return this form to:  
**TEXAS BOARD OF PROFESSIONAL GEOSCIENTISTS (TBPG)**  
[licensing@tbpg.texas.gov](mailto:licensing@tbpg.texas.gov)

*If you need more information, please call (512) 936-4408*