

FEE WAIVER REQUEST



Please see the *Praxis*® Bulletin for information on applying for a fee waiver. If you qualify for a fee waiver, the test fees for up to three *Praxis* Core Academic Skills for Educators tests or one *Praxis* Subject Assessment may be waived. NOTE: If you are taking all three Core tests, you must take the *combined* Core test that has the 5751 or 5752 test code.

PLEASE PRINT ALL INFORMATION BELOW.

NAME: Print your last name, first name, and middle initial.																								
Last Name															First Name					M.I.				
PRESENT ADDRESS: Number and Street (include apartment number)																								
NUMBER AND STREET																								
CITY															STATE					ZIP CODE				
DAYTIME TELEPHONE NUMBER																								
EMAIL ADDRESS																								

One fee waiver per test taker per year can be requested for up to:

- 1 Subject Assessment
- 2 Core Academic Skills for Teaching tests or the Core Combined test (test code 5751 or 5752)

TEST CODE(S)	

Instructions for Requesting a Praxis Fee Waiver

Your request for a Praxis Fee Waiver must include the following:

- A Completed Fee Waiver Request Form
- A Complete Copy of your FAFSA Student Aid Report (SAR) that shows an estimated family contribution (EFC) of \$3,000 or less
- A Current Enrollment Verification Certificate from your institution. The Enrollment Verification Certificate must include a school seal or National Student Clearinghouse watermark or the signature of your Registrar.

Testing Information	
FEE WAIVER REQUESTS must be received by the appropriate closing dates shown below. Late or incomplete requests will be returned unprocessed. Funds may be exhausted prior to the closing date for the time period you request. If your requirement for testing allows, you may indicate a second date choice by checking two boxes below. Please check the box corresponding to the time period in which you plan to test.	
If You Plan to Test Between:	Closing Date for Requesting a Fee Waiver
<input type="checkbox"/> September–November	August 29, 2019
<input type="checkbox"/> December–February	November 20, 2019
<input type="checkbox"/> March–May	February 13, 2020
<input type="checkbox"/> June–August	May 21, 2020

<p>Fee Waiver Request Personal Information*:</p> <p>(This information must be provided in order for your application to be considered.)</p> <p>1. Current Education Level _____</p> <p>2. Name of Institution or Agency Requiring Your Scores (must be an authorized score recipient)</p> <p>_____</p> <p>3. Name of Institution You Currently Attend</p> <p>_____</p> <p>* Information provided on this form is considered confidential.</p>
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All documents must be sent together to:

PraxisFeeWaiver@ets.org*

*If you are submitting the Enrollment Verification Certificate, Student Aid Report (SAR), and Fee Waiver Request form by email, these documents must be attached to the email message.

OR

Mail the completed form to:
ETS—Praxis
PO Box 6051
Princeton, NJ 08541-6051