FEE WAIVER REQUEST

Please see the Praxis® Bulletin for information on applying for a fee waiver. If you qualify for a fee waiver, the fees for up to three Praxis Core Academic Skills for Educators tests, or one Praxis II® Subject Assessment may be waived.

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

SOCIAL SECURITY NUMBER | DAYTIME TELEPHONE NUMBER

TEST CODE(s)

TEST FOR WHICH YOU ARE REQUESTING A FEE WAIVER. ONLY ONE FEE WAIVER GOOD FOR UP TO THREE TESTS WILL BE ISSUED PER EXAMINEE PER TESTING YEAR

Fee Waiver Request Personal Information*:

(This information must be provided in order for your application to be considered.)

1. Family Size (including yourself) ________________________________

2. Number of Dependents
   (as defined by Federal Income Tax Form) __________________________

3. Current Education Level _________________________________________

4. Tuition for 2014–15 $ __________________________________________

5. Gross Family Income (including your own)
   As Reported on the Latest Federal Income Tax Form: $ __________________

6. Name of Institution or Agency Requiring Your Scores
   (must be an authorized score recipient) ______________________________

7. Name of Institution You Currently Attend
   __________________________________________________________________

* Information provided on this form is considered confidential.

Mail completed form to:

ETS—The Praxis Series
PO Box 6051
Princeton, NJ 08541-6051

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