## FEE WAIVER REQUEST



## **ETS PRAXIS**.

Please see the *Praxis*<sup>®</sup> 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 5752 test code.

PLEASE PRINT ALL INFORMATION BELOW.

NAME: Print your last name, first name, and middle	le initial.
LAST NAME	FIRST NAME M.I.
PRESENT ADDRESS: Number and Street (include ap	partment number)
NUMBER AND STREET	
СІТҮ	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER	
EMAIL ADDRESS	
One fee waiver per test taker per year can b	De TEST CODE(s)
<ul><li>requested for up to:</li><li>1 Subject Assessment</li></ul>	
<ul> <li>2 Core Academic Skills for Educators tests</li> </ul>	sor
the Core Combined test (test code 5752)	)
Fee Waiver Request Personal Inform	nation*:
(This information must be provided in order for	or your application to be considered.)
1. Current Education Level	[ [
2. Name of Institution or Agency Requiring You (must be an authorized score recipien	

## 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 2021-2022 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.		
September–November	August 26, 2021	
December–February	November 24, 2021	
March-May	February 24, 2022	
June–August	May 26, 2022	

3. Name of Institution You Currently Attend

\* Information provided on this form is considered confidential.

## 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