FEE WAIVER REQUEST



*praxis

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 5752 test code.

PLEASE PRINT ALL INFORMATION BELOW.

	iddle initial.
LAST NAME	FIRST NAME
PRESENT ADDRESS: Number and Street (include	le apartment number)
NUMBER AND STREET	
	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER]
MAIL ADDRESS	
ne fee waiver per test taker per year car	n ha
quested for up to:	TEST CODE(s)
1 Subject Assessment	
2 Core Academic Skills for Educators te the Core Combined test (test code 575	
	,
Fee Waiver Request Personal Info	rmation*:
(This information must be provided in order	er for your application to be considered.)
1. Current Education Level	
	a Your Scores
2. Name of Institution or Agency Requiring (must be an authorized score recip	

* 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.

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 2025-26 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 EE WAIVER REQUESTS must be received by the appropriate losing dates shown below. Late or incomplete requests will be eturned unprocessed. Funds may be exhausted prior to the losing date for the time period you request. If your requirement or testing allows, you may indicate a second date choice by hecking two boxes below. Please check the box corresponding to he time period in which you plan to test.		
September–November	August 21, 2025	
December–February	November 19, 2025	
March-May	February 19, 2026	
June–August	May 21, 2026	