

**FORM PRAXIS - IDAHO STATE UNIVERSITY
PRAXIS TEST FEE WAIVER REQUEST**

10-11

PRAXIS-11

Complete your section of the **PRAXIS Fee Waiver Request Form**. See below for directions to access the **Fee Waiver Request Form**. Attach the completed **Fee Waiver Request Form** with this completed form and submit to one of the following:

**Office of Financial Aid, Idaho State University, Museum Building, Room 337
921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077
Phone: (208)282-2756 Fax: (208)282-4755**

**University Place, Bennion Student Union Building, Student Services Office
1784 Science Center Dr, Idaho Falls, ID 83402
Phone: (208)282-7704 Fax: (208)282-7726**

Student Name: _____
(Use blue or black ink) Last First M.I.

ISU ID (Bengal Card #): _____ Social Security #: _____

Address: _____
Street City St Zip

Telephone: _____ Email: _____

REQUEST FOR PRAXIS TEST FEE WAIVER

To obtain the **Fee Waiver Request Form** go to www.ets.org. Under **Tests & Products**, select **The Praxis Series™ Tests**. On this web page under **Quick Links**, select **About the Tests**. Then, on the left hand side of this web page select **Bulletin & Forms**. Now scroll down to the section titled **Bulletin and Forms** and click on the **Fee Waiver Request Form**. Complete your section of this **Fee Waiver Request Form**, print, sign, attach to this completed form and return to the **ISU Financial Aid Office**.

Please note, to be considered for a Praxis Fee Waiver, a student must have filed a 2010-2011 FAFSA.

Indicate below how your test scores will be used (mark one):

_____ Admission to Teacher Education Program

_____ Initial Certification

_____ Other (*briefly explain*)

The completed Fee Waiver Request Form will be returned to you to submit with your test registration.

Date completed and mailed: _____