

Request for Certificate for Free Praxis Re-Test

Student Name: _____ Banner ID: _____ Email: _____
 Advisor: _____ Major: _____ Campus Phone: _____
 Campus Address: _____

Street Address City State Zip Code

Praxis Candidate ID Number: _____ Date of Birth: _____ First Request _____ Second Request _____

Name of the test(s) for which you are requesting a Free Re-Test Certificate:	Test Code	Requested for the following test date	I have taken this test unsuccessfully (Please Circle)		This is the score I received on this test.	Required Score to Pass (To be completed by COE-ET Office)
1. _____	_____	_____	1	2	_____	_____
2. _____	_____	_____	1	2	_____	_____
3. _____	_____	_____	1	2	_____	_____
4. _____	_____	_____	1	2	_____	_____

Please verify your Praxis scores and the number of times you have taken the test by attaching a copy of all of your ETS score reports. Your signature below indicates that you have not taken the test more than twice and that your scores are within 3 points of the required passing score.

Current GPA must be 3.00 or higher (attach current transcript) _____

Student Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

To be completed by COE-ET

Approved: _____ Denied: _____ Associate Dean for Teacher Education Signature: _____