



NYS Master Teacher Program Praxis Fee Reimbursement Request Form

Candidate Name: _____
First M.I. Last

Mailing Address: _____
Street City State Zip

Email Address/MTP Application PIN: _____

Praxis Registration Confirmation Code: _____

Praxis Exam: _____
Exam Code Exam Date (MM/DD/YY)

Annual Household Income: _____ Family size: _____

Please **attach** a brief (no more than one page) explanation of the nature of the hardship that prevents the applicant from covering the \$120 Praxis Exam Fee.

Submit this form and a brief explanation to masterteacherprogram@suny.edu by the application due date, February 24, 2018, 11:59pm. The form will not be submitted via the online application system. Approved reimbursements will be provided to all approved candidates after a completed online application is submitted and Praxis scores are received, regardless of whether they are accepted into the NYS Master Teacher Program.

For Master Teacher Candidate:

I hereby certify that the statements and information in this application form are true and correct to the best of my knowledge:

Signature of Master Teacher Candidate

Date

-----FOR MASTER TEACHER PROGRAM STAFF USE ONLY-----

For Executive Director of the NYS Master Teacher Program: The above Praxis Fee Reimbursement request is:

approved declined by the NYS Master Teacher Program.

Josephine Salvador

Date