NYS Master Teacher Program
Praxis Fee Reimbursement Request Form

Candidate Name: _____
First *M.I.* *Last*

Mailing Address: _____
Street *City* *State* *Zip*

Email Address: _____

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 financial hardship that prevents the applicant from covering the registration for one Praxis Exam Fee accepted for application.

Submit this form and the above-described explanation to masterteacherprogram@suny.edu by the application due date posted on suny.edu/masterteacher. 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 Applicant to Complete:
I am a □ Master Teacher applicant □ Master Counselor applicant.

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

_____
Signature of Applicant

_____
Date

----------FOR NYS 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.

_____ _____
Executive Director Date