

PRAXIS CORE WORKSHOP APPLICATION

Printed Name _____ Phone Number (____) _____

Address _____ City _____ State ____ Zip _____

Alpine Education Association Member : Yes ____ No ____

Student Number ____ / ____ / ____ E-Mail Address _____

Date of Birth _____ Male / Female
(Please circle)

Are you Alternative Route to Licensure? ____ Yes ____ No

Have you previously taken the PPST (now Praxis Core)? ____ Y ____ N

PLT ____ Y ____ N

If PPST previously taken, how many attempts? ____ Math ____ Reading ____ English

PRAXIS I ____ PRAXIS II _____

I agree to the terms of the Participant Agreement. I understand that if I fail to comply with any or all of the terms of this agreement, my participation in the workshop may be canceled and my fees will not be refunded.

Signature _____ Date _____

Sign and return to: Praxis Core Workshop

If you have any questions Jess can help you by phone (801)224-2055 or e-mail

jessica@alpineuniserv.org

AEA Membership Yes ____ No ____ new application ____ dues current ____ (Office-initial)