

**WINTHROP UNIVERSITY**  
**Richard W. Riley College of Education**  
**PRAXIS Voucher Request Form**

\_\_\_\_\_  
 Student Name (Last, First, Middle)

\_\_\_\_\_  
 Student ID #

\_\_\_\_\_  
 Winthrop Email

\_\_\_\_\_  
 Phone

Please provide the following information for the PRAXIS test(s) for which you are requesting a voucher.

For test codes and registration fees please visit <a href="https://www.ets.org/praxis/register">https://www.ets.org/praxis/register</a> . Deadlines for submitting voucher request forms can be found at <a href="https://www.winthrop.edu/coe/sas/default.aspx?id=6580">https://www.winthrop.edu/coe/sas/default.aspx?id=6580</a> .		
Test Name	Test Code	Registration Fee

*By signing below I acknowledge that I understand that the appropriate fee for the PRAXIS test(s) listed above will be charged to my Winthrop student account upon placement of the order.*

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

OFFICE USE ONLY	
Date Received	
Date Verified	
Date Memo Sent to Student Financial Services	
Amount Charged to Student Account	
Processed By	