



TEACHER EDUCATION

APPLICATION FOR APPEAL OF PPST (PRAXIS I) OR CBT SCORE

SECTION I: (TO BE COMPLETED BY STUDENT)

Name: _____ T#: _____ Date: _____

Address: _____ Phone #: () _____

Email: _____

Major: _____ Classification: _____

Anticipated Date of Graduation: _____

(Month)

(Year)

SECTION II: (TO BE COMPLETED BY ADVISOR)

PPST or CBT Scores

****Students are eligible to appeal one (1) failed sub-test score after the other two (2) are passed and the third test has been taken twice. Appeals may be approved if the failing score is within three (3) points of passing and the student appears strong on other admission criteria****

(Record scores below and Attach scores to this form)

1st Math (173) Reading (174) Writing (173)
2nd Math (173) Reading (174) Writing (173)

CURRENT CUMULATIVE GRADE POINT AVERAGE (minimum 2.75 GPA): _____

ACT SCORES: Composite _____ Math _____ English _____

SAT SCORES: Combined _____ Math _____ Verbal _____

Praxis I can be waived if a student scored 22 or higher on the ACT or a 1020 or higher on the SAT

REQUIRED COURSES:

Mathematics _____ (Record Grades)
English _____ (Record Grades)

SIGNATURES:

Student /Date _____

Advisor/Date _____

Assistant Dean for Teacher Education /Date