

NTE / Praxis Request Form
**(For Tennessee Tech University
Students or Alumni ONLY)**

Full Name:
(Please include all former names): _____

Social Security Number: _____

Phone Number: _____

Email: _____

Graduation Year / date of license
from Tennessee Tech University: _____

Initial Licensure area (major): _____

Address for scores to be sent to: _____

OR
Fax Number for score to be sent
to: _____

Signature: _____

Please mail or fax this request to the Office of Teacher Education
Office of Teacher Education
TTU Box 5092
Cookeville, TN 38505
Phone: 931-372-3170
Fax: 931-372-6286