

BUTLER COUNTY COMMUNITY COLLEGE
PRAXIS TUTORING
Praxis Preparation Course by Appointment Praxis™
Student Profile Form

Please provide the following information about yourself. Filling out this sheet is optional.

Contact Information:

Student's Name _____ Date: _____

Current Mailing Address _____

City _____ State _____ zip _____

Telephone number _____ e-mail address _____

College/University enrolled in or graduated from _____

Instructor's Name _____

Class Preparation Information:

For students enrolled in Praxis™ CBA: (indicate answer by writing the number in the appropriate box.)

Name of Praxis Exam _____

How many times have you taken the exam previously? _____