

APPLICATION FOR TUITION ASSISTANCE FOR
SPECIAL EDUCATION TEACHERS OR RELATED SERVICE PROVIDERS

This application must be submitted to the Department of Education within 45 days following enrollment in a course. No applications for course tuition will be considered after the last day on which a course meets. Written notification of the status of the application will be sent to the applicant and the local school division following approval. Applicants should follow up with their local school division if they do not receive notification of tuition approval from the Department within 30 days of submission.

Upon successful completion of the course, the superintendent or superintendent's designee submits a copy of the teacher's grade report indicating a grade of "B" or better on graduate level coursework and documentation of payment for each course to the Department of Education's Division of Teacher Education and Licensure. The name of the teacher must appear on each of the documents.

The reimbursement check will be mailed directly to the teacher. A copy of that correspondence will be sent to the school division.

NAME _____ S.S.# _____

HOME ADDRESS _____

_____ ZIP CODE _____

PHONE NUMBERS: Work () _____ Home () _____

WHAT TEACHING ENDORSEMENT DO YOU CURRENTLY HOLD? _____

ARE YOU A FULL-TIME SPECIAL EDUCATION TEACHER TEACHING STUDENTS
AGES 5 - 21 YEARS OLD? YES NO

IF NO, PLEASE EXPLAIN: _____

IS THIS COURSE FOR SPECIAL EDUCATION ENDORSEMENT? YES NO

IF YES, WHAT OTHER COURSES DO YOU NEED: _____

TITLE OF COURSE ENROLLED: _____
_____ COURSE NO. _____

TITLE OF COURSE ENROLLED: _____
_____ COURSE NO. _____

2001-2002 TERM: FALL SPRING SUMMER

TOTAL CREDIT HOURS: _____ LAST DAY OF TERM: _____

NAME OF COLLEGE/UNIVERSITY _____

SCHOOL DIVISION CERTIFICATION

Division Superintendent must certify the employment of the applicant.

Signature of Division Superintendent

Date

School Division

In order for a teacher or related service provider to be eligible to receive this tuition assistance, the local school division must submit the completed application to the Department of Education within 45 days after the person's enrollment in the course.

Return to: Dr. Patricia D. Burgess
Division of Teacher Education and Licensure
Virginia Department of Education
P. O. Box 2120
Richmond, VA 23218-2120
Fax (804) 786-6759

DEPARTMENT OF EDUCATION APPROVAL

Department of Education Specialist

Date

DOE USE ONLY:

Date application received: _____ (postmark)

Notification of approval sent: _____ (date)

Date grade and payment documentation received: _____

Date request for payment forwarded to finance: _____