TITLE II-A TUITION PAYMENT REQUEST

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| --- | --- | --- | --- |
| Date  |   | School Name  |   |
| Participant Name  |   |  | Daytime Phone  |   |
| Home Address  |   |  | City State Zip  |   |
| College/University Attending  |   |  | Semester  |   |
| Course Title  | Email Address  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Hours  |   | Total Cost  |   |
| Degree/Certification Area  |   |
|   |
| Please complete this Tuition Payment Request Form, High-quality Professional Development Criteria Checklist and Tuition evaluation form. Attach all required documentation.  |
|   |

|  |  |
| --- | --- |
| Payee (above participant or vendor)  |   |
| Total to be paid or reimbursed  | $  |

***The Title II-A Program requires that tuition courses must be part of an ongoing professional development program or plan.***

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| ***Please describe your course and explain how this will improve student outcomes and align with your schools Professional Development Plan.***  |
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| Participant Signature  |   | Date  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Principal Signature  |   | Date |