TITLE II-A TUITION PAYMENT REQUEST

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |