



Section 1: To be completed by applicant (Print or Type)

_____ Semester _____ Year Name of college/university: _____

Name: _____
Last First Middle/Maiden Social Security Number

_____ () _____
Home Address Home Telephone Number

_____ () _____
City, State and Zip Code School Telephone Number

_____ Area(s) of Certification School Assignment
Teacher Certification Type and Number

_____ Area(s) of Certification Subject(s)/Grade(s) you are teaching
Position

Check one of the following under Participant and Course Category

Participant Category

- _____ A. Seeking Standard Certification
- _____ B. Seeking Highly-Qualified under NCLB
- _____ C. Alternative Certification Program participant
- _____ D. Seeking School/Teacher Leader

Course Category

- _____ A. Required for Certification
- _____ B. Required for Highly-Qualified for NCLB
- _____ C. Teacher/School Leader
- _____ D. School Improvement Cohort

Only courses meeting the participant and course categories may be approved for 8(g) LTQ funds. These funds may not be used specifically for coursework needed for advanced degrees.

Courses Requested: The Department, Course #, and Course Title must be provided by the applicant.

Department	Course #	Course Title	Approved / Denied
			LEA Adm. must Initial/Date review
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section II: (Please read the statement below carefully before signing)

I understand that if I drop, withdraw, or fail to complete a credit course successfully for which tuition assistance has been granted, no tuition will be remitted to me or to the university on my behalf by my employing agency and that I will be responsible for payment. I give permission for all concerned in the implementation of the Local Teacher Quality Block Grant Program to release information as required.

Applicant's Signature _____ Date _____ Principal's Signature _____ Date _____

Agency Superintendent/Administrator Signature _____ Date _____

Proof of Payment MUST accompany the Tuition Exemption Form and Reimbursement form.