

North Carolina Department of Public Instruction
North Carolina State Improvement Project II

APPLICATION FOR SUMMER 2020 TUITION REIMBURSEMENT

Funds Limited to – Teachers with current and verifiable Residency, Provisional, or Lateral Entry Exceptional Children K-12 License

Important Information:

- This is an application only and must be submitted and approved to be considered for tuition reimbursement.
- Due to COVID-19, an email from the EC Director/Charter Coordinator verifying appropriate employment position will be accepted in lieu of "wet signature". (Ginger.Starling@dpi.nc.gov)
- Applicant must receive a final grade of "B" or higher in the course.
- Only one course for each summer session will be reimbursed.

Applications must be received by **August 14, 2020**
Supporting Documents are due by **September 18, 2020.** *
*Grade report and receipt verifying tuition payment

Mail completed application to:
Tuition Reimbursement
NCDPI, Exceptional Children Division
6356 Mail Service Center
Raleigh, NC 27699-6356

NAME: _____

HOME ADDRESS: _____

Box or Street	City	State	Zip Code	Home Phone
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ADMINISTRATIVE UNIT: _____

City or County	School	Work Phone
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SOCIAL SECURITY NUMBER: _____ EMAIL ADDRESS: _____

NAME OF UNIVERSITY _____ Beginning Date of Course _____ / _____ / _____

COURSE #	COURSE TITLE	CREDIT HRS	COST

- PRESENT EDUCATION: B.A. or B.S. _____, M.A. or M.S. _____, Other _____
- Which Special Education area are you seeking licensure? Circle one: **General** or **Adaptive**
- Do you plan to remain in your present position? ___ Yes ___ No Explain: _____
- Do you currently hold a current and verifiable **residency, provisional, or lateral entry license in special education?** ___ Yes ___ No (**IF NO, do not complete this form**).
- When do you expect to complete residency, provisional, or lateral entry license requirements? (Month) _____ (Year) _____
- Applicant's Statement: I hereby grant permission to the university to report my grades to the Department of Public Instruction. **I accept responsibility for paying for any charges incurred beyond the university's normal charge for special education course work above \$110.00 per semester hour. I accept responsibility for costs due to late registration, out-of-state tuition and any non-tuition costs, such as books, travel, food, room, application fees, administrative fees, etc. I ensure that I am not receiving reimbursement from another source for this course.**

Applicant (PRINT NAME) _____ Signature of Applicant _____ Date _____

SEND THIS APPLICATION TO YOUR EXCEPTIONAL CHILDREN PROGRAM DIRECTOR TO COMPLETE "EVIDENCE OF EMPLOYMENT."
EC Program Director: Please screen applicant carefully. **RETURN** this form to applicant if the course is not appropriate for their responsibilities, or the form is incorrectly filled out, or the local education agency has provided reimbursement.

- I certify that the above numbers 1-6 are accurate.
- I certify that the applicant holds a current and verifiable residency, provisional, or lateral entry license in special education.
- Is this applicant under contract with your administrative unit as a teacher of exceptional children?** ___ Yes ___ No

EC Program Director/Charter Coordinator (PRINT NAME) _____ Signature of EC Program Director/Charter Coordinator _____ Date _____

FOR DPI USE ONLY:

<input type="checkbox"/> Application Approved <input type="checkbox"/> Application Denied & Returned	<input type="checkbox"/> Did not meet deadline <input type="checkbox"/> Submitted copy-need original "wet" signature <input type="checkbox"/> Not under contract as special education K-12 teacher <input type="checkbox"/> Only one Summer course per session will be reimbursed <input type="checkbox"/> Incomplete application, see highlighted section
_____ Date	_____ Date