

**North Carolina Department of Public Instruction
North Carolina State Improvement Project II
APPLICATION FOR SUMMER TUITION REIMBURSEMENT
Funds Limited to – Teachers on Provisional or Lateral Entry Exceptional Children License
(All information must be complete and legible for application to be considered)**

NAME: _____

HOME ADDRESS: _____

Box or Street City State Zip Code Home Phone

ADMINISTRATIVE UNIT: _____

City or County School Work Phone

SOCIAL SECURITY NUMBER: _____

EMAIL ADDRESS: _____

This is an application only and must be submitted and approved prior to request for tuition reimbursement.

Applicant must receive a final grade of "B" or higher

*** Only one course per semester will be reimbursed***

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

| COURSE NUMBER | COURSE TITLE | CREDIT HOURS | COST |
|---------------|--------------|--------------|------|
| 1. | | | |

- PRESENT EDUCATION: B.A. or B.S. _____, M.A. or M.S. _____, Other _____
Special Education (Specify Area) _____
- Do you plan to remain in your present position? ___ Yes ___ No Explain: _____
- Are you on a provisional or lateral entry license in special education? ___ Yes ___ No (**IF NO**, do not complete this form).
- When do you expect to complete provisional or lateral entry license requirements? (Month) _____ (Year) _____
- Applicant's Statement: I hereby grant permission to the university attended under this tuition grant to report my grades to the Department of Public Instruction. ***I accept responsibility for paying any charges incurred beyond the university's normal charge for special education course work beyond \$140.00 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.***

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 applicants carefully. RETURN this form to applicants if the course is not appropriate for their responsibilities or the form is incorrectly filled out, or the local education agency has provided reimbursement.

- Is this applicant under contract with your administrative unit as a teacher of exceptional children?** _____ Yes _____ No
- I certify that the applicant is on a provisional or lateral entry license in special education.
- I certify that the above numbers 1-3 are accurate.

EC Program Director (PRINT NAME)

Signature of EC Program Director

Date

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

**Applications must be received by August 18, 2017
& supporting documentation by September 15, 2017.**

FOR DPI USE ONLY:

Application Approved

Application Denied
and Returned

- Incomplete Application, See Highlighted Section
- Not Under Contract as Special Education Teacher
- Course Not from Approved University Program
- Only Summer Courses Will Be Reimbursed
- Only One Course Will Be Reimbursed

_____ Date

_____ Date