

North Carolina Department of Public Instruction  
North Carolina State Improvement Project II  
**APPLICATION FOR SUMMER TUITION REIMBURSEMENT**  
Funds Limited to – Teachers with current and verifiable  
Residency, 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 to be considered for tuition reimbursement.**

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

**\*Only one course per semester will be reimbursed including Summer Session 1 and 2\***

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? \_\_\_\_\_
- 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 attended under this tuition grant 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 \_\_\_\_\_

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

**This original application must be received by August 16, 2019**  
**Supporting documentation due September 13, 2019\***  
**(\*Grade Report and Receipt for Tuition Payment)**

FOR DPI USE ONLY:

Application Approved

Application Denied & Returned

Did not meet deadline

Not under contract as special education teacher

Only one Summer course per session will be reimbursed

Incomplete application, see highlighted section

\_\_\_\_\_ Date

\_\_\_\_\_ Date