Request for University of St. Thomas Tuition Support

HISD Private Non-Public Schools
NCLB Title IIA 2009-2010

Applicant Name: _____ **Date:** _____

Home Phone: _____ **Mobile:** _____

Email: _____ **School:** _____

Principal: _____ **Position / Title:** _____

Course Request

□ Undergraduate Level Course □ Masters Level Course

Course Name: _____ Course Number: _____

Start/End Dates: _____ Estimated Course Cost: _____

*Submission of a detailed course description and syllabus with the content/outcomes of the course is **required** for approval at least four weeks prior to class start date.*

Principal Recommendation/Approval

_____ has been employed by _____
Applicant Name School

for _____ year. He/she currently teaches _____
years/months Position / content area

I recommend the applicant enroll in the above named university course. I attest the applicant is a current employee at my school. I approve the use of Title IIA funds to pay tuition charges.

_____ _____
Principal Signature Date

Terms of Agreement: Applicant must be employed at a designated private school included under the HISD and Mind Streams contract during the term of the course. Applicant must receive prior course approval; graduate course will be financed through NCLB Title II, Part A funds if available. Additional university fees (books, library, parking, etc) are not eligible for reimbursement. Submission of successful course completion (transcripts) within four weeks of course end date required. Dropping and/or failing to successfully complete a course may result in denial of future requests; all penalty fees and non-reimbursable tuition will be the student's responsibility.

_____
Applicant Signature / Acknowledgement of Responsibilities

Submit form(s) to Linda Bromert via FAX (866) 568-9641
Questions (866)822-8234