Applications must be received by **May 8, 2020**

Supporting Documents are due by **June 5, 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

**Important Information**:

* This is an application only and must be submitted and approved to be considered for tuition reimbursement.
* The application must be complete, legible, and have the original “wet” signature of the EC Director/Charter Coordinator to verify appropriate employment position.
* Applicant must receive a final grade of “B” or higher in the course.
* Only one course per Spring semester will be reimbursed.

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:

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

|  |  |  |  |
| --- | --- | --- | --- |
| **COURSE #** | **COURSE TITLE** | **CREDIT HRS** | **COST** |
|  |  |  |  |

1. PRESENT EDUCATION: B.A. or B.S. , M.A. or M.S. , Other

2. Which Special Education area are you seeking licensure? Circle one: **General** or **Adaptive**

3. Do you plan to remain in your present position? Yes No Explain:

4. 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**).

5. When do you expect to complete residency, provisional, or lateral entry license requirements? (Month) (Year)

6. 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.**

1. I certify that the above numbers 1-6 are accurate.

**2.** I certify that the applicant holds a current and verifiable residency, provisional, or lateral entry license **in special education**.

**3.** **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**

**🞏Did not meet deadline**

**🞏Submitted copy-need original “wet” signature**

**🞏 Not under contract as special education K-12 teacher**

**🞏Only one Summer course per session will be reimbursed**

**🞏Incomplete application, see highlighted section**

**FOR DPI USE ONLY:**

**🞏Application Approved 🞏Application Denied & Returned**

**\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Date Date**