



Request for Non-Affiliated University Course 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

University _____

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. Reimbursement can only be made to an individual participant.*

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. The graduate course will be financed through NCLB Title II, Part A funds if available. Applicants must receive prior course approval and submit proof of payment and successful completion documentation to seek reimbursement. Additional university fees (books, library, parking, etc) are not eligible for reimbursement. I understand reimbursement will only be made to an individual.

Applicant Signature of Acknowledgement of Responsibilities

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