



## TITLE II-A TUITION PAYMENT REQUEST

Date		School Name	
Participant Name		Daytime Phone	
Home Address		City State Zip	
College/University Attending		Semester	
Course Title			

Hours		Total Cost	
Degree/Certification Area			
<p>Please complete this Tuition Payment Request Form, High-quality Professional Development Criteria Checklist and Tuition evaluation form. Attach all required documentation.</p>			

Payee (above participant or vendor)	
Total to be paid or reimbursed	\$

***The Title II-A Program requires that tuition courses must be a part of an ongoing professional development program or plan.***

<p><b><i>Please describe your course and explain how this will improve student outcomes and align with your schools Professional Development Plan.</i></b></p>

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date