

**2017-2018 TAOS MUNICIPAL SCHOOLS
REGISTRATION FORM FOR REIMBURSEMENT
FOR PROFESSIONAL DEVELOPMENT**

Name: _____

Address: _____

Street or PO Box – City – State - Zip Code

Home Telephone: _____ Work Telephone: _____

Must be complete – Incomplete applications will not be processed.

<p>Classification (Check One)</p> <ul style="list-style-type: none"> Paraprofessional in _____ (Name of School) <p>University classification: Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> AA <input type="checkbox"/> Other _____ Program of Study: _____</p> <p><i>Title IIA funds may only be used for courses that are pedagogical in nature and are to be used primarily toward endorsements in areas of need and to ensure that all teachers are Highly Qualified.</i></p> <ul style="list-style-type: none"> Teacher in _____ (Name of School) <p>Are you currently on the Alternative Licensure Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you seeking an endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, in what area? _____ Other (please give a brief explanation): _____ </p>

Indicate where courses will be taken – Name of University/College _____

Indicate how many credit hours you plan to enroll on and/or off campus: _____

Indicate course titles and course numbers of classes in which you will enroll for
(Federal funds cannot be used for courses in theory or research):

<u>COURSE NUMBER</u>	<u># OF SEM. HRS.</u>	<u>COURSE TITLE(S)</u> <i>(as it appears on the catalog)</i>	<u>COURSE DESCRIPTION(S) –</u> <i>from the university catalog</i>

TOTAL SEMESTER HOURS _____

I understand that I am registering for the above mentioned course(s) and that I am responsible for completing the course(s) that I have signed up for. My signature indicates that I fully understand and agree to reimburse Taos Municipal Schools the total amount in the event that - the course work is not completed; I withdraw from the course(s); or I don't pass the course(s) with a "C" or better. I also understand that upon completion, I am responsible for submitting all documents needed for reporting purposes, failure to do so in a timely manner will result in me reimbursing the district.

SIGNATURE **DATE**

SUPERVISOR SIGNATURE **DATE**

Applicant is responsible for attaching the following to the application:

- *Program of Study (signed by the advisor)*
- *Current Transcript*
- *Original Student Enrollment form from University*
- *Invoice*

Upon completion of course(s), the applicant must submit the following before reimbursement will be made:

- *Activity Sheet*
- *Grades for approved course(s)*

FOR OFFICE USE ONLY

Approved Not approved

Reason for not approving _____

 Federal Programs Coordinator's Signature Date

Total Amount _____ Fund Number _____

PO # _____