Federal Programs Professional Development Application for Teacher Tuition Assistance School Year 2022-2023

TO BE USED BY TEACHERS ONLY

| Semester | Year | Name of | Louisiana State-Appr | oved University | |
|---|--|--|--|---|--|
| Name: | First | Mic | Idle/Maiden | Munis ID Number | |
| Last | FIISI | IVIIC | idie/ivialderi | Mullis ID Nullibel | |
| Home Address | | | Telephone | e Number | |
| City, State and Zip Code | | | Student ID Number | | |
| Current Teacher Certificate Type | | | Current Teacher Certificate Level and Number | | |
| Current Area(s) of C | ertification | | | | |
| Current School Assignment | | | ade Level/Position | Subject(s) | |
| Certification Area to | be obtained thro | ugh the co | mpletion of the course | es listed below | |
| Courses Requeste | d- | | | | |
| Department Course # | | | ourse Title | Approved Amoun | |
| To change a course | | | proval, you must subm approval for the reque | nit a Request for Course Change sst. | |
| assistance has been grant and that I will be response Programs Professional D reimbursing St. Tamman | p, withdraw, or fail to ted, no tuition will be sible for payment. I development departn by Parish School Boat request, I give perm | o complete a e remitted to give permission to release and for tuition hission to St. | credit course successfully me or to the university on ion for all concerned in the information as required. paid to a university that is Tammany Parish School B | (Grade of A or B) for which tuition my behalf by my employing agency implementation of the Federal The employee will be responsible for then refunded to the employee. If I oard to withhold the full amount of the | |
| Applicant's Signature | | Date | Principal's Signat | ure Date | |
| Assistant Superintendent | | Date | Director of Progra | m Date | |