

This policy is a revision of one first approved in 1984 for teachers enrolled in courses for re-certification. The policy now includes teachers, counselors, administrators, and supervisors who teach Kindergarten through grade 12 in public or private schools in the Commonwealth of Virginia. Courses may be taken for re-certification or in pursuit of a degree. The following eligibility guidelines apply:

1. Kindergarten through grade 12 public and private school teachers, counselors, administrators, supervisors, librarians, coaches, and other support staff are eligible.
2. Eligible personnel must be full-time contractual employees of a public school division or private school within the Commonwealth of Virginia.
3. Individuals on official leave from their assignments are eligible for reduced tuition.
4. There is no restriction on the number of hours that can be taken.
5. Courses for which educators request reduced tuition must be for professional development, not for planned career changes outside of education.

Please return this form in a timely fashion. Failure to do so will result in your being billed for the regular applicable tuition charges.

APPLICANT TO COMPLETE

LAST/FAMILY NAME _____		FIRST/GIVEN NAME _____		MIDDLE NAME _____	SUFFIX _____
Last 4 of VT ID #: _____ <small>if known</small>		Citizenship <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> NON-U.S. CITIZEN* <i>*If non-U.S. citizen, please list your visa status: _____</i>			
Date of Birth: _____ <small>month/day/year</small>		Current Program _____		Degree Level <input type="checkbox"/> DOCTORAL <input type="checkbox"/> EDUCATION SPECIALIST <input type="checkbox"/> MASTERS <input type="checkbox"/> GRADUATE CERTIFICATE <input type="checkbox"/> NON-DEGREE <input type="checkbox"/> COMMONWEALTH CAMPUS	
E-mail Address: _____ <small>@vt.edu account, preferred</small>		First Term of Enrollment <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I _____ <input type="checkbox"/> SUMMER II year			
Daytime Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Mobile		Anticipated Completion Term <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I _____ <input type="checkbox"/> SUMMER II year			
Local Address _____ _____ _____		Campus <input type="checkbox"/> BLACKSBURG <input type="checkbox"/> HAMPTON ROADS <input type="checkbox"/> NATIONAL CAPITAL REGION <input type="checkbox"/> RICHMOND <input type="checkbox"/> ROANOKE <input type="checkbox"/> SOUTHWEST VIRGINIA <input type="checkbox"/> VIRTUAL			
city	state	zip	country		
Semester of Enrollment <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I _____ <input type="checkbox"/> SUMMER II year		Course(s): _____			

The Honor System
I certify that all information given on this application is true and correct. I will abide by all rules and regulations of the University. I will accept the responsibility of the Honor Code of the University. I pledge I will not lie or cheat. I understand that violation of the Honor Code may result in severe penalties including dismissal from the University.

APPLICANT SIGNATURE date

I hereby certify that the above named is (employed / on official leave) in the State of Virginia as (select one):
 Teacher Counselor Administrator Supervisor Other: _____

School system currently employed by: _____
please do not abbreviate

Telephone: _____ E-mail Address: _____

PRINTED NAME OF PRINCIPAL OR CAO _____
SIGNATURE OF PRINCIPAL OR CAO _____ date

GRADUATE SCHOOL SIGNATURE _____ date

Return your completed form to:
Graduate School
Graduate Life Center
at Donaldson Brown
Virginia Tech (0325)
Blacksburg, VA 24061
Fax: 540/231-2039

Questions? Call 540/231-8636 or e-mail grads@vt.edu for assistance.

PRINCIPAL TO COMPLETE