

K-12 TEACHER REDUCED TUITION REQUEST

Full-time Virginia school personnel in grades K-12 use this form to request the Virginia School Personnel reduced tuition rate. The tuition reduction request cannot be used for professional and executive programs. Submit this form for each academic year of enrollment to receive the reduced tuition rate.

Last/Family Name

First/Given Name

Middle Name

Last 4 digits of VT ID:

if known

E-mail Address:

Campus

Blacksburg Hampton Roads National Capital Region Richmond
Roanoke Southwest Virginia Virtual

Current Program

Semester of Enrollment

FALL SPRING SUMMER YEAR _____

Course(s):

Degree Level

Doctoral
Education Specialist
Master's
Graduate Certificate
Non-Degree
Commonwealth Campus

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.

STUDENT Signature

Date (MM/DD/YYYY)

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 CHIEF ACADEMIC OFFICER

Signature of PRINCIPAL OR CHIEF ACADEMIC OFFICER

Date (MM/DD/YYYY)

GRADUATE SCHOOL Signature

Date (MM/DD/YYYY)

Submit your completed form:

<https://gs.vt.edu/forms>

120 Graduate Life Center, Blacksburg
VT ICAB1, 3625 Potomace Ave, Alexandria
For assistance, call 540-231-8636 or
e-mail grads@vt.edu