

Adult Education Teacher Licensure Course Tuition Reimbursement Request for Prior Approval

Name _____ Social Security Number _____

Local Education Agency (LEA) _____ Position _____ Part or Full-time _____

LEA Address _____ Street, City, Zip _____ Phone Number (work) _____

Home/Check Mailing Address _____ Street, City, Zip _____ Phone Number (home-optional) _____

Course Number _____ Course Title _____

Instructor _____ University _____ School Term (dates) _____

In order to qualify for tuition reimbursement, applicant must meet all of the following requirements:

- ▶ Must have a current Arkansas Department of Education Teaching License
- ▶ Course must be taken to meet Arkansas Adult Education License requirements
- ▶ Must be employed with Arkansas State or Federal Adult Education funds
- ▶ Must remain employed in Arkansas Adult Education one year per three-hour course
- ▶ Must make a final grade of B or better in the course

I understand and agree to the conditions specified in the Tuition Reimbursement Guidelines.

Signature of Person Requesting Reimbursement Approval _____ Date _____

LEA Administrator _____ Date _____
(Signature verifies that the applicant meets all requirements under Tuition Reimbursement Guidelines.)

Director, Arkansas Adult Learning Resource Center _____ Date _____

Adult Education Section Project Director _____ Date _____

Deputy Director, Department of Workforce Education _____ Date _____

This completed form must be submitted for each course at least 10 working days before the course begins to:

**Arkansas Adult Learning Resource Center
3905 Cooperative Way, Suite D or 501/907-2490
Little Rock, Arkansas 72209**

Copies of transcript and/or course grade card, proof of payment of tuition and this approved form must be sent to the Director of the Arkansas Adult Learning Resource Center within 30 days of completion of the course. Please send copies -- not originals.

All requirements have been met. YES ___ NO ___

Director, Arkansas Adult Learning Resource Center _____ Date _____