



**Albemarle County Public Schools
401 McIntire Road
Charlottesville, VA 22902**



**CLASSIFIED EMPLOYEES SEEKING TEACHER LICENSURE
APPLICATION FOR COURSE FUNDING**

Name: _____ Date: _____

Address: _____

School/Location: _____

Current Assignment: _____

Summer

Fall Semester

Spring Semester

For Course Registration/Reimbursement

Department	Course Number	Title	Dates	Credit Hrs

This course is offered by _____ Tuition: \$ _____
(Name of College/University)

NOTE: Costs of texts and materials are not eligible for reimbursement.

This course will lead to the objective(s) checked below:

- to meet initial endorsement /licensure requirements or attainment *
- to meet re-licensure requirements*; *My current license expires in ___/___ (mm/yy)*

In applying for and accepting these funds, I understand that it is my responsibility to apply for employment as a teacher in Albemarle County. I further understand that selection for employment will proceed as for all other candidates.

Applicant's Signature _____ Date: _____

Principal's Signature _____ Date: _____

* Upon completion of the course/conference, submit receipt of payment/copy of cancelled check, general expense form, grade report or transcript that indicates a passing grade, and copy of this form for reimbursement to the Support Services Department.

Funding of \$ _____ for _____ is **approved** by _____ Date: _____

Funding of \$ _____ for _____ is **denied** by _____ Date: _____