

East Stroudsburg University

Pre k – 12 Educator Tuition Program Approval Form

Name	District	Building	Subject/Grade
District Billing Address			
Home Billing Address			
Course Code	Course Title	Credits	
Complete forms must be submitted in person to the office of the Graduate Admission Coordinator no less than 3 weeks prior to the start of each semester (Zimbar Hall)			
District Consent	Superintendent Or Designee Signature/Title/Date	Print Name	
I hereby approve the individual listed on this form to enroll in the P.E.T. Program:			
Participant Consent	Participant Signature/Date	Print Name	
I hereby understand that I will be directly billed for tuition (at the full tuition rate) for the course (listed above) if I do not receive a grade of B or higher or terminate my employment with the participating school district prior to completion of this course.			
Date Received by Graduate Coordinator	Graduate Coordinator's Signature/Date		