

Course Authorization Request (Form D)

Semester: Spring Summer 1 Summer 2 Fall Year _____

Name _____ Date _____

Student I.D. (not your SSN) _____

College Attending _____

T.E.A.C.H. Counseling Specialist _____

Charging tuition to T.E.A.C.H. Early Childhood® ARKANSAS:

1. You must already be approved for a scholarship and have an active signed contract on file with T.E.A.C.H. before T.E.A.C.H. will issue charge approvals for your tuition and fees.
2. Recipients must complete a minimum of 9 credit hours per year (not semester).
3. Recipients who wish to take more than 7 credit hours in a semester must visit with their Counseling Specialist and seek approval from their sponsoring employer BEFORE registering.
4. After meeting with your advisor to plan courses, complete this form and submit to your Counseling Specialist by email or mail.
5. The Counseling Specialist will review and inform you if schedule is approved.
6. After approval, we will notify the college, giving permission to bill T.E.A.C.H. for tuition and mandatory fees.
7. Recipients must be current on account balances and sending in grades before charge approvals will be issued to the college.

The courses I plan to take this semester are:

Course Prefix and Number (e.g. MATH 0343)	Course Title	Number of Credit Hrs

***This form is to be returned to the T.E.A.C.H. Early Childhood® ARKANSAS office. You can scan/email it to teach@arkansasearlychildhood.org or mail to:**

AECA
Attn: T.E.A.C.H. Early Childhood ARKANSAS
P.O. Box 4291
Fayetteville, AR 72702

For Counselor Use Only:

Reviewed	Date:
Approval	Date:
Denial (log reason in ROC)	Date:
Courses Entered in T5	Date:
Spreadsheet Updated	Date:

Counselor: Initial after completion _____
 Scan and add to electronic file.