

Denial (log reason in ROC)

Courses Entered in T5

Spreadsheet Updated

Date:

Date:

Date:



Course Authorization Request (Form D)

Semester: Spi	ring Summer	☐ Fall	Year		
Name				Date	
Email					
				dent I.D. #	
T.E.A.C.H. Counselor					
Charging tuition to T.E. 1. Scholar must b T.E.A.C.H. will 2. Scholars wishir approval from to 3. After meeting witeach@arkansa 4. The T.E.A.C.H. 5. After approval, approved fees. 6. Recipients must b	A.C.H. Early Childhood® AF e approved and have an act issue charge approvals for the ing to take more than 7 cred their sponsoring employer of with your college advisor to isearlychildhood.org along to the we will send a charge appro- to complete a minimum of 9 e current on scholarship co	RKANSAS: tive contract tuition and fe lit hours mus- on this form. plan courses with an offici inform you if roval to the co o semester ho	on file with T.E.A ees. t first visit with th s, complete this fo ial copy of your so your schedule is a ollege which allow	a.C.H. Early Childhood® eir T.E.A.C.H. Counseld orm and email to chedule. approved. vs them to bill T.E.A.C.H	or and receive I. for your tuition and degree credit.
Course Prefix and	o take tilis selllestel al	16.			
Number (e.g. MATH 0343)		Course Title			Credit Hours
an official copy of the s mailed to AECA, Attn: T	m must be completed and r tudent schedule. Documer .E.A.C.H. Early Childhood A	nts may be so ARKANSAS,	canned/emailed to P.O. Box 4291, F	teach@arkansasearly	_
For Counselor Use Only	:				
Reviewed	Date:				
Approval	Date:				