

Course Authorization Request (Form D)

Semester: Spring Summer Fall Year _____ Date _____

Name _____ TEACH Counselor _____

Email _____

College/University _____ Student ID # _____

Instructions:

1. Request an appointment with your college advisor to enroll in courses.
2. Once enrolled, complete all sections of this form, including signatures at the bottom of form.
3. **DIRECTOR APPROVAL:** Scholars taking any courses in the summer OR taking more than 7 hours in the fall or spring must obtain the approval and signature of the director/employer. *
4. Email this form **ALONG with an official copy of your schedule** to teach@arkansasearlychildhood.org.
5. The TEACH Counseling Specialist will review and notify you if approved.
6. If approved, TEACH will send a scholarship charge approval to the college prior to the payment deadline.

The courses I plan to take for the semester indicated above are:

Course Prefix and Number (e.g., MATH 10343)	Course Title	Credit Hours

Complete the information below, sign and email this form and an official copy of your schedule to teach@arkansasearlychildhood.org or mail both items to AECA, Attn: TEACH Early Childhood ARKANSAS, PO Box 4291, Fayetteville, AR 72702.

SCHOLARS MUST CHECK ALL FINANCIAL AID BEING RECEIVED BELOW AND SIGN. BY SIGNING, YOU ARE CERTIFYING THE CHECKED ITEMS REPRESENT ALL FINANCIAL AID BEING RECEIVED FOR THE SEMESTER INDICATED AT THE TOP OF THIS FORM. (Check all that apply.)

TEACH EARLY CHILDHOOD PELL GRANT OTHER SCHOLARSHIP STUDENT LOAN

Scholar Signature: _____

***Employer Signature:** _____

(Required if taking more than 7 semester hours. Non-working scholars in the summer must obtain approval for ALL summer courses.)

Counselor: Review > Approve/Deny > Notify Scholar > Enter Courses in FM > Update ROC/Spreadsheet