



## Request for Special Student Reduced Tuition Pricing

**REVISED: JULY 2013**

School of Education department initiating request:

Faculty/Academic Staff contact (incl Title):

Contact Phone

Email

**DEADLINES FOR SUBMISSION:**  
**Spring Term due by November 20th**  
**Summer Term due by April 16th**  
**Fall Term due by July 16th**

District/Agency/Partner (when applicable)

District/Agency/Partner contact person (incl. Title):

Participating School(s)

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Title of Professional Learning Activity(ies):

Number of credits requested?  1  2  3 Other

Semester(s):

By checking the box next to each item and attaching appropriate documentation, the applicant agrees to:

- Please attach a detailed course description of each course and include: instructional format (e.g. weekend, off campus, distance education format), enrollment limits, length of course, alignment to the WI standards, and intended audience.
- The course complies with School of Education course policies and procedures including credit hour requirements. (A three-credit class requires approximately 45 contact hours, plus approximately 90 hours of outside classroom work.) Please refer to the School of Education Course Policies and Procedures document distributed with these application materials.
- If multiple courses are offered concurrently, please attach a list of courses and include per-course credit requested.
- Ensure that the proposed professional learning activity is exclusively for Special (non-degree) students. *Note: Approved applications will be returned with an instruction sheet to help participants enroll as Special students.*
- Ensure that sufficient resources are guaranteed to cover all costs associated with the proposed professional learning activity, including staffing, supplies, and facilities. ***Please complete the budget information below.***



**BUDGET INFORMATION**

External Funding Source:
Salary: \$ (Include type of salary i.e. unclassified, LTE, etc)
Fringe Benefits: \$
Supplies & Expenses: \$
Total cost of course: \$

**For requests involving a district/agency partner:**

- The undersigned ensure that the proposed professional learning activity will be delivered by a qualified instructor and will provide high quality curriculum and instruction. The course will be developed in consultation with faculty or academic staff in the School of Education. A faculty/staff member in the approving department will also serve as the instructor of record.

**APPROVALS (no stamped signatures accepted):**

_____ Signature of SoE Sponsoring Department Chair	_____ Date
_____ Signature of SoE Faculty/Instructor of Record	_____ Date
_____ Signature of School District Official (if applicable)	_____ Date

Send this form, including attachments, to Jenni Hart, Education Outreach and Partnerships (EOP) Office, Suite 264, 225 N. Mills St., Madison, WI 53706-1707.

**FOR SCHOOL OF EDUCATION OFFICE USE ONLY**

<b>Approving Signature</b>	<b>Date</b>
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**Notice of Decision Sent** **Date** \_\_\_\_\_

7/10/2013 **Tracking Number** # \_\_\_\_\_