East Stroudsburg University Pre k – 12 Educator Tuition Program Approval Form					
District Billing Address					
			8		
Home Billing Address					
			0		
Course Code	Course Title				Credits
Complete forms must be submitted in person to the office of the Graduate Admission Coordinator					
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					
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 Coordin		G	raduate Coordin	ator's Sigr	nature/Date