

OYSTER RIVER COOPERATIVE SCHOOL DISTRICT
APPLICATION FOR UNIVERSITY OF NEW HAMPSHIRE TUITION WAIVER

Please note: UNH will only accept original, completed forms. Altered or blank forms will not be accepted.

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Date Last Name First Name MI UNH ID Number

Semester: ___ Fall ___ Spring ___ Summer

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Course Course Title # of crs. Campus (ex: UNH, UNHM) Start date End date

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Course Course Title # of crs. Campus (ex: UNH, UNHM) Start date End date

Employment: School or office (please check one)

Position category (please check one)

MAST WAY	SAU/OTHER LOCATION
MOHARIMET	TEACHER
MIDDLE SCHOOL	ADMINISTRATOR
HIGH SCHOOL	OTHER SUPPORT STAFF

STATEMENT OF DEMONSTRABLE NEED

As the principal or supervisor, I attest that (1) the person's enrollment in the identified course is in response to a demonstrable need for professional development on the part of that individual and/or (2) is directly related to the individual's assigned role and responsibilities in the school district, and (3) the completion of which has been cooperatively determined to be beneficial to both the staff member and the Oyster River School District. It is also understood that the individual may be enrolled in **no more than two (2) courses per semester** for which he/she may receive academic credit. **The University-District tuition-waiver agreement covers tuition costs only.** All fees, supplies, or other costs associates with the course(s) are the sole responsibility of the student/employee of the Oyster River School District. Fees may include registration fee, mandatory fee, technology fee, course fees and others.

APPROVALS

___ Request recommended
 ___ Request Not recommended

 Principal or Supervisor

 Date

___ Request Approved
 ___ Request Not approved

 Superintendent of Schools

 Date