

# K-12 TEACHER REDUCED TUITION REQUEST

Full-time Virginia school personnel in grades K-12 use this form to request the Virginia School Personnel reduced tuition rate. Submit this form for each academic year of enrollment to receive the reduced tuition rate.

\_\_\_\_\_  
Last/Family Name

\_\_\_\_\_  
First/Given Name

\_\_\_\_\_  
Middle Name

Last 4 digits of VT ID: \_\_\_\_\_

if known

E-mail Address: \_\_\_\_\_

## Campus

Blacksburg    Hampton Roads    National Capital Region    Richmond  
Roanoke    Southwest Virginia    Virtual

## Current Program

\_\_\_\_\_

## Semester of Enrollment

FALL    SPRING    SUMMER    YEAR \_\_\_\_\_

## Course(s):

\_\_\_\_\_  
\_\_\_\_\_

## Degree Level

Doctoral  
Education Specialist  
Master's  
Graduate Certificate  
Non-Degree  
Commonwealth Campus

## The Honor System

I certify that all information given on this application is true and correct. I will abide by all rules and regulations of the university. I will accept the responsibility of the Honor Code of the university. I pledge I will not lie or cheat. I understand that violation of the Honor Code may result in severe penalties including dismissal from the university.

\_\_\_\_\_  
STUDENT Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

I hereby certify that the above named is (employed / on official leave) in the State of Virginia as (select one):

Teacher    Counselor    Administrator    Supervisor    Other: \_\_\_\_\_

School System Currently Employed By: \_\_\_\_\_

please do not abbreviate

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF PRINCIPAL OR CHIEF ACADEMIC OFFICER

\_\_\_\_\_  
Signature of PRINCIPAL OR CHIEF ACADEMIC OFFICER

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
GRADUATE SCHOOL Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

Submit your completed form:

<https://gs.vt.edu/forms>

120 Graduate Life Center, Blacksburg

NVC 7054 Haycock Road, Falls Church

For assistance, call 540-231-8636 or

e-mail [grads@vt.edu](mailto:grads@vt.edu)