

APPLICATION FOR ASPIRING SUPERINTENDENTS PROGRAM

To facilitate prompt processing, please fill out each form in its entirety and return as indicated below by October 1, 2010.

For qualified In-state residents, your \$3,300 fee includes registration for the VASS conference, graduate school application fee, reduced tuition rate for three credit hours, conference meals, lodging, self-parking and materials during each conference session. Incidental charges such as in-room movies, high-speed internet, room service and valet parking are the responsibility of the individual. For out-of-state residents, higher tuition rates apply. Please contact Taylor White at (540) 231-3765 for details.

Due to the unique nature of this course, cancellations and refunds cannot be accepted after **October 1**, **2010**. No substitutions can be accepted at any time throughout the duration of the seminars. In the unlikely event that this program is cancelled due to insufficient enrollment or other unforeseen circumstances, the university will fully refund registration fees but cannot be held responsible for any other expenses, including cancellation or change charges assessed by airlines, hotels, travel agencies, or other organizations.

CHECKLIST FOR APPLICATION PACKET:

☐ Application for Aspiring School Superintendents Ins	stitute (this form	n)
☐ Application for Graduate Admissions		
☐ Graduate In-State Tuition Request		
☐ Request for Reduced Tuition Rate for Grades K-12		
\Box Transcript(s) from all institutions where a degree wa	as received or gr	raduated level work was taken
(unofficial copies are acceptable and can be mailed se	parately if recei	ved by October 1, 2010)
□ Check for \$3,300 made payable to: WVPEC (Wes	stern Virginia P	ublic Education Consortium)
□ Mail all applications and payment to:	□ Mail all applications and payment to:	
Please print or type—complete a separate form for each participant		Continuing and Professional Education ATTN: Taylor White
Name		702 University City Blvd (0272) Blacksburg, VA 24061
Title		
School Name		
School Division		
Mailing Address		
City	State	Zip
Daytime Phone No.		
Fax No.		
E-mail		
Signature		
Please list any Dietary Restrictions:		



APPLICATION FOR GRADUATE ADMISSIONS for U.S. Citizens and Permanent Residents

LAST/FAMILY NAME		FIRS	T/GIVEN NAME	MIDDLE NAME SUFFIX
ist any former name	es:			Enrollment Information
Providing your SSN is optiona		ts for federal tax reporting. SSN must be submitted.		Term of Enrollment FALL SPRING SUMMER year Campus BLACKSBURG (MAIN)* HAMPTON ROADS NATIONAL CAPITAL REGION RICHMOND
				□ ROANOKE □ SOUTHWEST VIRGINIA □ VIRTUAL *Blacksburg should be selected if the campus at which you intend to enroll is not listed. Provide details on the supplemental form, page 3 of this application.
city	state	zip	country	Degree Level
Current Daytime Phone: Current Evening Phone:	□ Home □ Office □ Mo	phile va	ase list your primary one and e-mail. We lue your privacy and ill not disclose your information.	□ DOCTORAL □ EDUCATION SPECIALIST □ MASTERS □ GRADUATE CERTIFICATE □ NON-DEGREE
E-mail Address:				□ COMMONWEALTH CAMPUS
				Virginia Tech Continuing and Professional Education ATTN: Taylor White 702 University City Blvd (0272)
city	state	zip	country	Blacksburg, VA 24061
Permanent Daytime Permanent Evening I	□ Home □	Office Mobile	_	
Personal Inforn	nation	Dia and a superior dia dia		
Gender: □ Male □			of the following	Citizenship:
	Female	questions:	atino, or of Spanish	□ U.S. Citizen
Date of Birth:/	Female (MM/DD/YY)	questions: Are you Hispanic, L Origin? □Yes □N	atino, or of Spanish	 □ U.S. Citizen □ Permanent Resident (copy of PR Card required US State of Legal Residence:
	Female	questions: Are you Hispanic, L Origin? □Yes □N	atino, or of Spanish o te: choose all that apply.	 □ U.S. Citizen □ Permanent Resident (copy of PR Card required US State of Legal Residence: Are you claiming entitlement to Virginia in-state
City of Birth:	Female /(MM/DD/YY)	questions: Are you Hispanic, L Origin? □ Yes □ N Please select your rad	atino, or of Spanish o ee: choose all that apply. Black	□ U.S. Citizen □ Permanent Resident (copy of PR Card required US State of Legal Residence: Are you claiming entitlement to Virginia in-state tuition rates pursuant to Section 23.7-4, Code of Virginia? □ No □ Yes If yes, you must complete the
City of Birth:	Female (MM/DD/YY)	<i>questions:</i> Are you Hispanic, L Origin? □ Yes □ N Please select your rac □ African American/	atino, or of Spanish o ee: choose all that apply. Black	□ U.S. Citizen □ Permanent Resident (copy of PR Card required US State of Legal Residence: Are you claiming entitlement to Virginia in-state tuition rates pursuant to Section 23.7-4, Code of





ADDITIONAL REQUIRED INFORMATION

Additional Required Information

Have you been convicted of or received a juvenile adjudication for a violation of any local, state, or federal law, other than a minor traffic violation?	□ YES	□ NO
Are you currently on court-ordered supervised or unsupervised probation or under the terms of a finding under advisement?	□ YES	□ NO
Please give a full explanation of any past criminal convictions:		

APPLICANT SIGNATURE DATE

Return your completed form to:

Virginia Tech
Continuing and Professional Education
ATTN: Taylor White
702 University City Blvd (0272)
Blacksburg, VA 24061

Questions? Call 540/231-3765

email: taylorw@vt.edu



GRADUATE IN-STATE TUITION REQUEST

If you are being charged out-of-state tuition and believe you are eligible for in-state rates, please complete the following form. You must be a U. S. citizen; a permanent resident alien; or hold an A, E, G, H-1 or H-4, K, or N visa to establish residency that qualifies you for in-state tuition. Please attach a copy of your permanent resident alien card or I-94, visa stamp, and/or other USCIS approval notification. You must also demonstrate intent to establish domicile in Virginia. The university requires additional supporting documentation demonstrating your residency qualification for the prior year. Please include a copy of your Virginia state income taxes, driver's license, vehicle registration, voter registration, and lease/mortgage agreement. Failure to supply this information may result in the denial of your request. Use the other side of this form to provide additional information to be considered on your application.

LAST/FAMILY NAME	FIRST/GIVEN NAME		MIDDLE NAME	SUFFIX
Student ID Number:if known	Citizenship	IANENT RESIDENT	□ NON-RESIDEN	T ALIEN*
Date of Birth:	*If non-resident alien, p	lease list your v	isa status:	
F-mail Address:	Current Program		Degree Lev	el
@vt.edu account, preferred			□ DOCTORA	
Daytime Phone:	First Term of Enrollme	nt		N SPECIALIST
☐ Home ☐ Office ☐ Mobile	□ FALL □ SPRING □ SUM		_ □ MASTERS	
	□ SUM	☐ GRADUATE CERTIFICATE		
	Anticipated Completion	n Term	□ NON-DEGR	REE
	□ FALL □ SPRING □ SUM □ SUM	MED !!	− □ COMMONV	VEALTH CAMPUS
	Campus	MEK II year		
	☐ BLACKSBURG ☐ HAMPTO	ON ROADS 🗆 NAT	IONAL CAPITAL REGIO	N 🗆 RICHMONE
city state zip country	□ ROANOKE □ SOUTHWES	ST VIRGINIA 🗆 VII	RTUAL	
How long have you resided in Virginia? Years:	Begi Months: add	inning with the mo resses at which yo	ost recent, chronologica u have resided for the	ally list the past two years.
Prior Address 1:				
street address	city	state	zip	country
Prior Address 2:street address	city	state	zip	country
Do your parents/legal guardian/spouse provide over	half of your financial sup	port OR claim y	ou ·	
as a dependent on their taxes?		-	□ YES	□ NO
If yes, in which state do your parents reside?	(If VA,	attach a copy of	their VA state incor	ne taxes.)
For the twelve months prior to the term in which you	will enroll, will you have:			
1. filed a tax return or paid income taxes to Virginia	?		□ YES	□ NO
2. been a registered voter in Virginia?			□ YES	□ NO
3. held a valid Virginia Driver's license?			□ YES	□ NO
4. owned or operated a vehicle?			□ YES	□ NO
a. If yes, has it been registered in Virginia?			□ YES	□ NO
5. Are you, or any member of your immediate family	y, enlisted in the Virginia Na	tional Guard?	□ YES	□ NO
6. Are you, the spouse of, or the dependent of active	e-duty military personnel?		□ YES	□ NO
a. Are you/they permanently stationed in Virginia	a? (If yes, include a copy of	your/their orde	rs.) 🗆 YES	□ NO
b. Does your/their Leave and Earnings Statemen (If yes, include a copy.)	t reflect Virginia as the state	e of residence?	□ YES	□NO
7. If you are active duty military, did your spouse ea federal tax dependent, and pay income tax to the st		st year, claim yo	ou as a 🗆 YES	□ NO
Answer this question, only if you worked in Virginia on Did you file Virginia taxes on all income earned in V		t currently live	outside of Virginia	

date

I certify that all information provided to the Graduate School and department on my application and during the entire admissions process is accurate. I understand that upon my admission and enrollment I will be subject to the rules and regulations of the university, including the Graduate Honor System (http://grads.ghs.vt.edu).

Return your completed form to:
Virginia Tech
Continuing and Professional Education
ATTN: Taylor White
702 University City Blvd (0272)
Blacksburg, VA 24061

GRADUATE IN-STATE TUITION REQUEST

PAGE 1 OF 1, AUGUST 2008

APPLICANT SIGNATURE

${ m 'irginia Tech}$ request for reduced tuition rate for grades K-12

This policy is a revision of one first approved in 1984 for teachers enrolled in courses for re-certification. The policy now includes teachers, counselors, administrators, and supervisors who teach Kindergarten through grade 12 in public or private schools in the Commonwealth of Virginia. Courses may be taken for re-certification or in pursuit of a degree. The following eligibility guidelines apply:

- 1. Kindergarten through grade 12 public and private school teachers, counselors, administrators, supervisors, librarians, coaches, and other support staff are eligible.
- 2. Eligible personnel must be full-time contractual employees of a public school division or private school within the Commonwealth of Virginia.
- 3. Individuals on official leave from their assignments are eligible for reduced tuition.
- 4. There is no restriction on the number of hours that can be taken.
- 5. Courses for which educators request reduced tuition must be for professional development, not for planned career changes outside of education.

Please return this form in a timely fashion. Failure to do so will result in your being billed for the regular applicable tuition charges.

LAST/FAMILY NAME		FIRST/GIVEN NAM	IE		MIDDLE NAME	SUFFIX	
Student ID Number:if knowi		Citizenship U.S. CITIZEN	□ PERMANENT F	DECIDENT	□ NON DESIDENT	F ALIENI*	
Date of Birth:					□ NON-RESIDENT Sa status:		
month/day/yea	ır	"I non-residen	t ulien, pieuse lis	t your vis	u status		
E-mail Address:		Current Progr	am		Degree Leve	el	
@vt.edu account, p Daytime Phone:	referred				□ DOCTORAL		
□ Home □ Office □ Local Address	Mobile	First Term of Enrollment FALL SPRING SUMMER SUMMER year			☐ EDUCATION SPECIALIST☐ MASTERS☐ GRADUATE CERTIFICATE		
		Anticipated Co	ompletion Term IG SUMMER I SUMMER II	year	□ NON-DEGR	EE /EALTH CAMPUS	
		Campus BLACKSBURG		,	ONAL CAPITAL REGIO	N 🗆 RICHMOND	
city state zip	country	□ ROANOKE □	SOUTHWEST VIRGIN	NIA □ VIR	ΓUAL		
l certify that all information given on this I will accept the responsibility of the Hond Honor Code may result in severe penaltie	or Code of the U	niversity. I pledge	e I will not lie or c				
	APPLICAI	NT SIGNATURE				date	
hereby certify that the above named is (employed / on o	fficial leave) in th	e State of Virginia	a as (sele	ct one):		
☐ Teacher ☐ Counselor ☐ /	Administrator	☐ Supervisor	Other:				
School system currently employed by: _							
			please do not abl	oreviate			
Telephone:E	-mail Address:				Virginia Te	- oh	
	_			Co	ontinuing and Profess	sional Education	
PRINTED NAME OF PRINCIPAL OR CAO					ATTN: Taylor 702 University City	Blvd (0272)	
SIGNATURE OF PRINCIPAL OR CAO			date		Blacksburg, VA	1 Z400 I	
GRADUATE SCHOOL SIGNATURE			date	Ques	tions? Call 540/231-3	765	
DEDUCED TUITION BATE FOR CRADES V 12				email	taylorw@exchange.	vt.edu	