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EARLY STUDIES PROGRAM

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UPWARD BOUND MATH / SCIENCE CENTER







Fall 2007 – Summer 2008

Enclosed is a registration form for GEAR UP administrators and teachers who are interested in enrolling in CCSD professional development classes (PDE) or UNLV courses. Courses selected should lead to addressing the "highly qualified" status per NCLB. GEAR UP can reimburse licensed teachers up to **nine (9) credits** per year. In exchange for funding the tuition, teachers are expected to support the partnership and commit to preparing students at your site for college. For teachers seeking a math or science endorsement, **six (6) additional credits** will be reimbursed for these subject classes.

The administrator is requested to sign the **Teacher Development Registration Form** as an indication that the requested class is/are appropriate and that the teacher supports the GEAR UP Partnership at the school. Teachers may contact their school site GEAR UP Coordinator to see how they may assist with any GEAR UP activities provided at their school.

Licensed teachers or administrators who take a class from UNLV should complete the attached Teacher Development Registration Form and submit it along with the UNLV receipt of payment for the class (s). Please make sure that you fill out the Fall 2007 – Summer 2008 application. (See Attached)

If you take a PDE class, you should submit the following: the application, a W-9 form (please contact Jessica Perkins at 730-6150 to have the form faxed to you), a receipt of payment from your instructor (not enrollment confirmation receipt), a debit card receipt, or a credit card receipt. No other proof of payment is acceptable.

When you are ready to submit your application, please make sure that the application and receipts are **submitted at least a week after registration.** Also, all information should be legible and the school site location should be written, (i.e. Bridger MS instead of 621).

The registration form and all receipts should be faxed to Jessica Perkins at 736-6228. Reimbursement by UNLV takes six to eight weeks after all forms have been submitted.

Thank you for your attention to this offer. If further information is required, please contact Jessica Perkins at 730-6150 or Alma Vining at 730-6164.

Alma Garcia Vining, Director Curriculum Design and Implementation



Teacher Development Initiative • Technology & Science Initiative • Pre-service Teacher Initiative
Student Growth Initiative • Staff Training Initiative



STEPS TO FOLLOW FOR SUBMITTING THE ADMINISTRATOR/TEACHER DEVELOPMENT REGISTRATION FORM

The registration form may be accessed at:

http://www.unlv.edu/studentserv/caeo/General info/OnlineApps/TeacherDevelopmentApp.pdf

When completing the form, follow these steps:

- Print all information clearly.
- Provide correct phone numbers and e-mail addresses.
- Submit each semester of classes that you are taking on separate forms.
- E-mail or fax the proof of registration and receipt (s) for the UNLV or CCSD PDE class(s). If you take PDE classes, a W-9 Taxpayer ID number request will be sent to you via fax. Please complete the form and fax it back.

By following these procedures, scholarship payments should be sent to you in a timely manner. Otherwise, checks mailed to you may be delayed.

Thank you for your cooperation.

Fall 2007 - Summer 2008







Administrator/ Teacher Development Registration Form

Last	First			MI		
Social Security Number		School Site		/ Grade Taught/s	 Subject	
				c. aug . aug,		
E-mail address		Please chec	ck: d Teacher	Counselor	Administrator	
Home address		City	State	Zip	Code	
Cell Phone		Home Phone		Work Phone		
Course Catalog per y additional 6 credits Partnership, please list Submit this form along to Jessica Perkins, fax after form is submitted.	in these subject class the course(s), read the with a printout of your	es. To have your to he statement, obtain UNLV online registra	uition reim n your prin ation form a	bursed by the G ncipal's signature and the paid rece	EAR UP Program and sign below. ipt or PDE receipt	
SEMESTER/ DATE(S)	COURSE # / SECTI ON	COURSE T	ITLE		CREDITS	
I hereby request approval are not included) for a ma agree that I am in support that the Partnership will responsible for situations reimbursing my tuition. purposes. If I do not co Partnership after the curre	of the Partnership and will make every effort to probeyond its control such a lif I drop the class during maply with the above sta	er year. By allowing t ill commit to preparing occess this request, but as lost registrations, co g the semester, I will	he Partnersh students at r t that it car omputer error return the	tip to pay for the formy school for colleganot make any guators, or other proble check/money sent	ollowing course(s), I ge. I am also aware arantees and is not ems associated with for reimbursement	
Administrator/Teacher's	Signature			Date	_	
In order to access this District.	opportunity, I understa	and that I must be in	ı good star	ding with the Cla	ark County School	
School Administrator's E	Endorsement		te		_	