

# Request for Support to Attend Pre-AP/AP Summer Institute

Please return this completed form, with your registration form, to Sheila Cerda at CAC (414-9875 fax)

Upon completion of training, teachers **must** submit documentation of attendance to the Department of Advanced Academic Services, and must complete procedures to qualify for registration reimbursement from TEA. **You and your campus will be billed for the cost of attendance if the reimbursement procedures are not completed or if registration is paid and you do not attend the training.** Teachers assigned Pre-AP/AP courses in math, science, social studies, or English will need to register for and complete training in Nature and Needs of GT Students and Identification/Assessment of GT Students prior to teaching a Pre-AP or AP course.

Name: \_\_\_\_\_ Campus: \_\_\_\_\_ Phone: \_\_\_\_\_

Pre-AP Course(s) Currently Teaching: \_\_\_\_\_ Enrollment: \_\_\_\_\_

AP Course(s) Currently Teaching: \_\_\_\_\_ Enrollment: \_\_\_\_\_

What percentage of your students took AP exams in May of 2008? \_\_\_\_\_

Will you be teaching a Pre-AP course next year? \_\_\_\_\_ Name of course: \_\_\_\_\_

Will you be teaching an AP course next year? \_\_\_\_\_ Name of course: \_\_\_\_\_

What year did you last attend a week-long summer Pre-AP/AP Institute? \_\_\_\_\_

Subject Area: \_\_\_\_\_ Pre-AP or AP? \_\_\_\_\_

When did you last attend a one or two day Pre-AP/AP Conference? \_\_\_\_\_

Subject Area: \_\_\_\_\_ Pre-AP or AP? \_\_\_\_\_

What was the source of funding for your last Pre-AP/AP training?

\_\_\_ Personal funds \_\_\_ Campus funds \_\_\_ Grant funds \_\_\_ Advanced Academic Services

## **Priorities: General**

Priority for support will be given to those teachers who are newly assigned to AP courses this year, or will be assigned AP courses next year, and to teachers that have been notified that they are due for renewal training (once every 5 years). Approval of requests to attend training that require hotel or mileage costs will be limited and require additional documentation indicating means of limiting these additional expenses (sharing of room, carpooling, utilizing low-cost room and board if provided by the Institute, etc.). Generally, only cost of registration will be approved unless a session is not being offered at UT-Austin, Texas State, or Texas Lutheran.

## **Signature and Principal Recommendation:**

I understand that if the Dept. of Advanced Academic Services pays for conference registration and I do not attend, either the campus or I will be asked to reimburse the Dept. of Advanced Academic Services.

E \_\_\_\_\_  
EIN

\_\_\_\_\_  
Teacher Signature

I support this staff member attending the requested conference. I understand that if the Dept. of Advanced Academic Services pays for conference registration and the teacher does not attend, either the campus or the teacher will be asked to reimburse the Dept. of Advanced Academic Services.

\_\_\_\_\_  
Principal's Signature

**Please complete this page if you are requesting support to attend a conference outside of Austin.**

Indicate below cost estimates for your attendance and means by which you will be keeping the costs to a minimum.

Travel expense:

Round trip mileage from \_\_\_\_\_ to \_\_\_\_\_ is \_\_\_\_\_ miles

\_\_\_ I will be carpooling with the following individual(s):

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

**Name of Driver:** \_\_\_\_\_

Hotel expense (if approved - we will cover up to \$85 for an individual room per night):

Hotel room rate: \$85.00 x \_\_\_\_\_ days

\_\_\_ I will be sharing a room with the following individual who will share the hotel cost up to \$85 per person per night:

\_\_\_\_\_

Meal expense (**receipts required**): maximum meal allowance per full day is \$36.00

*If a meal is provided by the conference, please take advantage of any meals covered by your registration fee.*