RADFORD UNIVERSITY
REQUEST FOR REDUCED TUITION RATE FOR VIRGINIA EDUCATORS

Full-time Virginia educators (K-12) can qualify to pay a reduced tuition rate for Radford University courses offered on and off campus. Educators (teachers, administrators, counselors, and librarians) can be enrolled for a graduate degree, additional endorsements, or for re-licensure. Radford University has implemented this policy as recognition of the importance for Virginia educators to enhance their professional knowledge and skills.

For information on the current reduced rate contact the College of Graduate Studies. Reduced Tuition Rate for Virginia Educator’s is set by the Board of Visitors each May to be effective the following fall semester.

The following eligibility guidelines apply:

1. A baccalaureate degree is required for Kindergarten through grade 12 public and private school teachers, counselors, administrators, and librarians. Admission to the Radford University Graduate College as a matriculated or non-degree student is required.
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.

* INSTRUCTIONS: A Request for Reduced Tuition Rate for Virginia Educators needs to be submitted once per academic year and is effective for both the academic year and the following summer sessions. You must submit a completed Virginia Educator’s Reduced Tuition Form with required signatures to the Graduate College. PLEASE NOTE: Forms received without appropriate signatures will not be accepted or processed. The Graduate College staff will verify your eligibility and notify the Student Accounts Office and the Registrar’s Office. If you do not qualify for the reduced rate, you will be responsible for any outstanding amount.

If you have any questions about the processing of your request for reduced tuition, please contact the Radford University Graduate College. This form may be submitted to the mailing address, the fax number, or email below. Last date for approval of request is ten (10) days following census date for appropriate term.

College of Graduate Studies
Radford University
P.O. Box 6928
Radford, VA 24142
Phone: (540) 831-5431
FAX: (540) 831-6061
Email: gradcollege@radford.edu
Website: http://www.radford.edu/gradcollege

Rev. 8/13/2020
EDUCATOR’S REQUEST FORM FOR REDUCED TUITION RATE
KINDERGARTEN THROUGH GRADE 12 (K-12)
(Print or type all information)

Name: ____________________ Day Telephone: ____________

Radford University Student ID Number: _________________ Program: ______________

Address: ____________________________________________________________________________

City: ____________________ State: __________ Zip: __________

List School Division in which currently employed: __________________________________________

List your school building address: __________________________________________________________________________

List your school building phone number: __________________________________________________________________________

List your current position title: __________________________________________________________________________

List your teaching grade and licensure level: __________________________________________________________________________

I hereby certify that the information provided on this request form is true and complete without evasion or misrepresentation. I understand that if it is found to be otherwise, it is sufficient cause for the denial of the request for reduced tuition.

Signature of Applicant: ____________________ Date: ______________

Current employer’s verification:

I hereby certify that the above named is ☐ employed/or on ☐ official leave in the Commonwealth of Virginia:

_________________________________________ __________________________________________

Signature of the Principal or Staff Development Coordinator Date

__________________________ ____________________________ __________________________

Printed Name Title Phone Number

Graduate College Approval: ____________________ Date: ______________

(See eligibility requirements and instructions for processing)

Return to: College of Graduate Studies, P.O. Box 6928, Radford University, Radford, VA 24142, email: gradcollege@radford.edu as a PDF, or fax 540-831-6061.

Rev. 8/25/2022