

Wyoming Adjunct Professor Loan Repayment Application & Binding Agreement COVER SHEET

Applicant's Name:	
Address:	
Phone Number:	
Email:	
School District Where Employed:	
School District Contact Information: (Name, address and phone number of district representative)	
Collaborating Post-Secondary Institution:	
Post- Secondary Contact Information: (Academic Affairs VP and phone number)	
First semester using this program:	
Set up for reimbursement:	The state is in the process of updating how they set up electronic funds transfer to applicants. After your application is submitted and approved we will have you set this up.
Contact Align:	Once the applicant has been notified their application/agreement was approved, the applicant is responsible for contacting Align at 1-800-999-6541 ext. 9019 to complete paperwork. There are deadlines associated with this paperwork, and failure to follow through with Align will void the agreement to fund the applicants' coursework.

APPLICATIONS DUE March 10th, 2017

Additional Information:

Once the Wyoming Community College Commission (WCCC) receives the nomination forms and signed agreements from all the post-secondary institutions, the Executive Director and/or designee(s) will determine who will be funded based on WCCC Rules, available funding and prioritizations received from the post-secondary institutions. The Commission will send out award letters no later than the last day in December to all parties of the agreement notifying all applicants who has and has not been funded.

Nomination and Binding Agreement
Wyoming Adjunct Professor Loan Repayment (WAPLR) Program Application

_____ is hereby nominated by School District Number ____ of _____ County for Wyoming Adjunct Professor Loan Repayment Program funding.

A. The following class(es) are approved under W.S. 21-20-201, and may be taught by the applicant upon successful completion of the education program supported by this loan program:

High School Class Name	College Course Number and Name	College Credits	Estimated Number of H.S. Students to be Taught per Semester

- B. Degree and Major to be earned, if any: _____
- C. On page 4, please indicate the course(s) that will be taken along with the required information for each. Any changes to the approved course list must be approved in advance of that change and must be documented on an Agreement Addendum, located on page 7.
- D. Estimated total tuition and fee cost: \$ _____
- E. Education program start date: _____
- F. Education program estimated completion date: _____
- G. Estimated first semester delivering concurrent enrollment course(s) identified in A. above after completion of the education program: _____
- H. List of concurrent college course(s) being delivered within the school district currently (see page 5):
- I. The terms for repayment of this loan, interest rates, default process and procedures, deferral, forgiveness and performance requirements in lieu of cash repayment are published in Wyoming Community College Commission Administrative Rules, Chapter 5, Section 10.
- J. The school district shall certify to the partner Community College and the Wyoming Community College Commission (Commission) successful or unsuccessful course completion each semester or term.
- K. It is the applicant’s responsibility to contact the Commission’s loan processor, currently Align, at 1-800-999-6541, ext. 9019 immediately upon notification they have been approved for the program. Failure to do so may disqualify the applicant.
- L. All loan funds will be disbursed by the Commission directly to the applicant upon successful completion of each course each semester or term. Applicant must complete a WOLFS Form 109(a) which will be sent to you upon approval of the application.

I certify I have read W.S. 21-7-303, this Binding Agreement and Commission Rules, Chapter 5, Section 10 and agree to comply with the applicable provisions of all three. I further understand that it is my responsibility to provide to my school district complete transcripts upon completion of each semester of instruction and to provide the WCCC with a copy of a completed, signed Agreement Addendum which documents an approved substitution course(s) for a course(s) in the Applicant's Education Program list on the recipient's **Wyoming Adjunct Professor Loan Repayment Application & Binding Agreement**.

Nominated Teacher's Signature

Date

I certify I have read W.S. 21-7-303, this Binding Agreement and Commission Rules, Chapter 5, Section 10, and agree to comply with the applicable provisions of all three, and I acknowledge the school district's responsibility to notify the Commission should this nominee cease employment with the district prior to completion of two consecutive years of being available to teach the agreed upon concurrent course(s). I further certify this nominee is a resident of the state of Wyoming as defined in W.S. 22-1-102(a)(xxx), is employed by this school district as a teacher as defined in W.S. 21-7-102, is certified by and in good standing with the Professional Teaching Standards Board as required by W.S. 21-7-303, and has a current certificate on file which is available for review at the district central administrative office. I agree to certify successful or unsuccessful course completion each semester or term in order to facilitate recipient reimbursement and to verify recipient educational program progress.

If there is more than one nominee from this school district, this nominee is priority _____ of _____ nominees.

School District Superintendent's Signature

Date

The approvals/disapprovals below are for Community College or the University of Wyoming
Approved/Disapproved

Division Chair

Date

Approved/Disapproved

Academic Vice President

Date

I certify I have read W.S. 21-7-303, this Binding Agreement and Commission Rules, Chapter 5, Section 10 and agree to comply with the applicable provisions of all three.

Wyoming Community College District President's
or UW President's Signature

Date

Wyoming Community College District or UW Use Only:

Applicant's Name: _____

This is application _____ of _____ and is our priority number _____.

Commission Use Only:

Approved _____

Disapproved _____

WCCC Executive Director's Signature

Date

Date Nominee Informed: _____

Applicant's Education Program

Course Number and Name	
Semester Credit Hours	
University Attending	
Semester(s) Attending	
In-Residence or Distance Education	
Estimated Cost for Tuition	
Estimated Fees Per Class	

Course Number and Name	
Semester Credit Hours	
University Attending	
Semester(s) Attending	
In-Residence or Distance Education	
Estimated Cost for Tuition	
Estimated Fees Per Class	

Course Number and Name	
Semester Credit Hours	
University Attending	
Semester(s) Attending	
In-Residence or Distance Education	
Estimated Cost for Tuition	
Estimated Fees Per Class	

Course Number and Name	
Semester Credit Hours	
University Attending	
Semester(s) Attending	
In-Residence or Distance Education	
Estimated Cost for Tuition	
Estimated Fees Per Class	

Course Number and Name	
Semester Credit Hours	
University Attending	
Semester(s) Attending	
In-Residence or Distance Education	
Estimated Cost for Tuition	
Estimated Fees Per Class	

(duplicate this page as needed)

WAPLR BINDING AGREEMENT ADDENDUM # _____

This originally approved course:

Course Number and Name	
Semester Credit Hours	
University Attending	
Semester(s) Attending	
In-Residence or Distance Education	
Estimated Cost for Tuition	
Estimated Fees Per Class	

Has been substituted with this course:

Course Number and Name	
Semester Credit Hours	
University Attending	
Semester(s) Attending	
In-Residence or Distance Education	
Estimated Cost for Tuition	
Estimated Fees Per Class	

This originally approved course:

Course Number and Name	
Semester Credit Hours	
University Attending	
Semester(s) Attending	
In-Residence or Distance Education	
Estimated Cost for Tuition	
Estimated Fees Per Class	

Has been substituted with this course:

Course Number and Name	
Semester Credit Hours	
University Attending	
Semester(s) Attending	
In-Residence or Distance Education	
Estimated Cost for Tuition	
Estimated Fees Per Class	

This originally approved course:

Course Number and Name	
Semester Credit Hours	
University Attending	
Semester(s) Attending	
In-Residence or Distance Education	
Estimated Cost for Tuition	
Estimated Fees Per Class	

Has been substituted with this course:

Course Number and Name	
Semester Credit Hours	
University Attending	
Semester(s) Attending	
In-Residence or Distance Education	
Estimated Cost for Tuition	
Estimated Fees Per Class	

I understand substitution must be approved in advance of enrolling and failure to do so may disqualify me from teaching the approved concurrent course(s) and reimbursement from the Commission.

Nominated Teachers Signature

Date

School District Superintendent Signature

Date

Community College/UW Division Chair

Date

Community College/UW Academic Vice President

Date

Community College/UW President

Date