



District Partnership Course Request Form

Courses must be completed within six months of enrollment.

Please reference the TTU K-12 Student and Parent Handbook and TTU K-12 website for all course policies.

District Information

District Name:
District Contact's Name: Last First M.I.
Primary Phone: ()
Email:
Requested Course Start Date:

Billing Information

Billing Contact:
Billing Address:
Billing Phone: ()
Billing Email:
<input type="checkbox"/> Purchase Order #: (Attach) Not available to international schools.

Courses

Semester Courses:

Cost for Courses

# of Courses	X (\$255 Each) = \$
(After 15% discount for district partners.)	

District Authorization

Superintendent (or Designee) Signature:
