(Required: Print this form with your school district's letter head)

West Texas A&M University

WT Educators Excellence Initiative Tuition Reduction Form

To be filled out by the applicant	
Name of Applicant:	Position/Title:
Date of Birth:	Years of Service:
WTAMU Buff ID:	
I, _____ hereby declare that I am currently employed full-time as a: (Circle one) Teachers, Administrators, Librarians, Nurses, Counselors, Paraprofessionals, Substitute teachers categorized as full-time by their ISD and working full-time	
Applicant's signature:	Date:
To be filled out by applicant's superintendent/HR representative	
Date of the applicant's employment with current agency:	
I, _____ hereby confirm that the applicant above is employed with our school district: full-time/part-time (circle one) and holds one of the following positions: Teachers, Administrators, Librarians, Nurses, Counselors, Paraprofessionals, Substitute teachers categorized as full-time by their ISD and working full-time	
Supervisor's signature:	Date:

*Incomplete forms will not be processed
**Submit completed forms on the EEI Tuition Reduction Application

10/15/2025