



VIRGINIA  
WESLEYAN  
UNIVERSITY

*becoming* BATTEN UNIVERSITY July 1, 2026

## RECERTIFICATION AND CONTINUING EDUCATION PROGRAM FOR EDUCATORS REQUEST FORM

**2025-2026 Semester requested:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

*(please attach proof of Virginia Department of Education licensure)*

<u>Course Number</u>	<u>Name of Class</u>	<u>Credits</u>	<u>Amount of Tuition</u>
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			\$
			\$
			\$
			\$

**Total Tuition:**

**-Discount Total:**

**Total due to VWU:**

\_\_\_\_\_  
Assistant VP for Student Financial Planning Signature

\_\_\_\_\_  
Date