

Jackson Public Schools
Administrative/Teacher Certification/Licensure Program
Memorandum of Understanding/Intent

Participant's Name: _____
Home Address _____ State _____ Zip _____
Home Phone _____
Place Of Employment _____ Work phone _____
Position _____
University/College attending _____
Course Name: _____
Course Dates: _____

Please read the following memorandum of understanding and statement of intent. You must sign this form only if you agree and plan to fully participate in this program.

Part I. Memorandum of Understanding

- I understand that I must successfully complete the course to be reimbursed. Successful completion is defined as:
 - Complying with all course requirements for class attendance as set forth by the instructor and/or the university/college. Undergraduate credit requires a grade of "C" or higher; Graduate credit requires a grade of "B" or higher.
 - Completing as necessary course requirements as set forth by the instructor and/or the university. *(This includes any out of class assignments, tests, projects, or other assignments given by the instructor).*
 - Submitting a copy of your grades by supplying an official, sealed transcript.

Sign: _____ Date _____

Part II. Statement of Intent

- Upon obtaining administrative/teacher certification, I intend to provide services to Jackson Public Schools as a certified administrator/classroom teacher for three years by accepting funds/services through this program.

Sign: _____ Date _____

- **I understand that failure to comply with the guidelines outlined above could result in my termination from the program and repayment of fees and expenses to Jackson Public Schools.**

Sign: _____ Date _____