



DORAL COLLEGE

**Intent to Sponsor Employee Form**

AA, BSED & EPI Programs

Applicants should complete the Employee sections below and present to his/her school principal or administrator for completion and approval. This form should then be submitted to Cristina Guerra Romero at [cguerraromero@doral.edu](mailto:cguerraromero@doral.edu) prior to enrolling in courses. **Students who do not have an Intent to Sponsor form on file will be expected to pay for their own courses and billed accordingly.**

**EMPLOYEE INFORMATION**

Employee Name: \_\_\_\_\_ Current Position: \_\_\_\_\_

Have you already applied to Doral College?      Yes      No      Have you been accepted?      Yes      No

If yes, to which program have you been accepted?      Associate in Arts (AA)

                 Bachelor of Science in Elementary Education      Educator Preparation Institute (EPI)

Do you ultimately intend to earn the Bachelor of Science in Elementary Education degree?      Yes      No

Semester Beginning Program: \_\_\_\_\_

**SCHOOL INFORMATION**

Sponsoring School: \_\_\_\_\_ School ID Number: \_\_\_\_\_

School Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

1. If this employee intends to complete the Bachelor of Science, but must first take lower division courses to complete his/her Associate in Arts degree or Bachelor of Science pre-requisite courses, do you agree to cover the cost of those classes (\$108/credit)?

Yes      No      N/A

2. Do you agree to cover the cost of this employee’s upper division coursework, applicable to the B.S. and EPI programs (\$130/credit)?

Yes      No



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### EMPLOYEE ACKNOWLEDGMENTS

I agree to notify my employer of any changes in status at Doral College, including failure to maintain good academic and disciplinary standing; Course drop or Withdraw; and/or Withdrawal from Doral College.

I understand that if I fail or Withdraw from a course/course(s), I may be expected to pay back to my employer tuition paid on my behalf for said course(s).

I understand that I will be responsible for covering the cost of books and materials, as well as fees or costs related to fingerprinting and background screening as required by the local school district to complete field experience hours.

In accordance with the Federal Education Rights and Privacy Act of 1974, I hereby consent that Doral College may disclose the following information to my employer for the purposes of determining my eligibility for, evaluating, and facilitating the enforcement of, the sponsorship aid provided by my employer: Admissions information, academic records, registration information, course attendance information. In addition, I also explicitly acknowledge that disclosure of my information is permitted for the purpose of enforcing the terms and conditions of the aid being provided by my employer.

### FORGIVABLE PROMISSORY NOTE

As a sponsored student, the Employee understands they will be completing a Forgivable Promissory Note for the cost of their coursework. The Employee and School Principal must initial below and provide their e-mail addresses for the Promissory Note to be sent to Employee to be signed. *(Note: The Employee must complete their academic and service obligation to the School for the Promissory Note to be forgiven; otherwise, the Employee may be responsible for loan repayment):*

Employee Initial: \_\_\_\_\_ Employee E-mail Address: \_\_\_\_\_

Principal Initial: \_\_\_\_\_ Principal E-mail Address: \_\_\_\_\_

### EMPLOYEE QUESTIONS

*(Degree-seeking students only – not required for EPI unless requested by employer)*

1. Why do you want to become a teacher? What do you believe will make you a qualified educator?



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2. How do you plan to enhance the achievement level of your students?

3. How will you build morale and enthusiasm in the classroom?

**SCHOOL SIGNATURE**

I understand that by completing and signing this form, the school will be billed directly by Doral College for the coursework agreed to above each semester and shall be bound to make all payments due to the College.

Principal Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**EMPLOYEE SIGNATURE**

I agree to abide by the acknowledgements indicated above.

Employee Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**DORAL COLLEGE SIGNATURE**

Accepted and agreed.

Doral College Designee: \_\_\_\_\_ Signature: \_\_\_\_\_