



DORAL COLLEGE

**Intent to Sponsor Employee Form**

ESOL/Reading/Gifted Endorsement

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 Lourdes Zulueta at [lmzulueta@doral.edu](mailto:lmzulueta@doral.edu) prior to enrolling in courses. **Students who do not have an approved 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?

Reading Endorsement

ESOL Endorsement

Gifted Endorsement

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

**SCHOOL INFORMATION**

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

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

1. Do you agree to cover the cost of this employee’s endorsement level coursework, (\$108/credit)?

Yes

No

**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 in addition to this form, I may be expected to complete a separate Promissory Note with additional requirements and service obligations.



**DORAL COLLEGE**

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.

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