**Academically and Intellectually Gifted (AIG): Intent Form 2014-15 Group**

This form is used to help the AIG faculty plan for the next group of students who will be completing the 4-course series. It is important that you let us know as early as possible of your interest in the program and that you become admitted as a non-degree or degree-seeking student as early as possible.

**Please print this form, complete it, and return it to Michael Elder at Onslow County Central Office by Thursday, December 19, 2013 (may be faxed to (910) 989-2012- Attention Pam Brewer and Michael Elder).**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_ECU Email (if you have one):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_School/Work Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Work Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check one:

\_\_\_\_ I plan to be a degree-seeking student--obtain a Masters degree and AIG add-on licensure.

\_\_\_\_ I plan to be a non-degree student--obtain the AIG add-on licensure only (4 courses).

Planning Question: If ECU created a Masters in Gifted Education, would you consider taking 8 additional courses for a Masters degree in Gifted Education: Yes\_\_\_\_\_ No\_\_\_\_\_ Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate if you have a valid NC teaching license:

\_\_\_\_Yes. List license area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ List type of degree (Bachelors, Masters, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OR \_\_\_\_ No

**By submitting and signing this AIG (Academically Intellectually Gifted) Intent form, I agree to the following:**

* I am committed to taking and completing all 4 courses.
  + - * SPED 6104 in Summer Session Two 2014 online with one week face-to-face in July 2014
      * SPED 6401 in Fall 2014 all online
      * SPED 6402 in Spring 2015 all online
      * SPED 6403 in Summer Session Two 2015 online with one week face-to-face in July 2015
* I understand that the face-to-face week (Sunday, July ??-Thursday, July ??, 2014) in SPED 6104 class in Summer 2014 and the week (July week TBA in 2015) in SPED 6403 in Summer 2015 will be required.
* I understand that I will need to complete a Non-Degree application (for AIG Add-on licensure only students) and submit it to the Graduate School **or** a Masters Degree application (for ELEM masters students choosing the AIG strand) and submit it to the Graduate School **no later Feburary 1, 2014.** A confirmation email will follow with additional information about accessing the application.
* I agree to forward my Banner ID # and ECU email address via email to Dr. Fogarty at [fogartye@ecu.edu](mailto:fogartye@ecu.edu) once I am admitted into the Graduate School.
* **IMPORTANT NOTE:** We will register students on a first come, first serve basis according to when we receive your Banner ID and ECU email address from you. Also, 1/3 of the slots will be held for MAED students.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your signature**   **Date**

Please make a copy of this form for your records. Once we receive this form from you, we will send you an email confirming the receipt of this form and additional information about how to access the degree or non-degree graduate applications within 14 days. Thank you for your interest in the AIG program at East Carolina University.

**Onslow County School AIG Licensure Cohort Interest Form**

(please forgive the redundancy of some of this information, but these two forms will be separated and go to two different places)

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

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade(s) Teaching: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years Teaching: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I am only interested in this AIG licensure cohort if I am selected with those who will be funded.
* I am interested in this AIG licensure program even if I have to pay for all expenses, including tuition (this will not be considered in selection, but we will pass on your interest form to ECU).   
  (Note: tuition is currently about $636 per course and books are about $140 for all the courses).

Onslow County School AIG Licensure Agreement:

Please initial to indicate your understanding of and agreement with each statement.

\_\_\_\_\_ I understand that I must be able to document that I have been an in-state resident of NC for at least the past year.

\_\_\_\_\_ I understand that the Onslow County Schools AIG department will pay for my books and tuition for the four courses/internship needed to achieve licensure pending availability of funds.

\_\_\_\_\_ I understand that I am responsible for all other expenses including travel, hotel stays during internship (if desired), application fee, and licensure fee.

\_\_\_\_\_ I understand that Onslow County Schools is making a financial contribution to pay for my coursework. Failure to complete the sequence of four courses and attaining AIG licensure may result in me being required to repay all funds that Onslow County Schools has paid on my behalf.

\_\_\_\_\_ To the best of my knowledge, I will remain in Onslow County Schools as a teacher for at least the next three years (eligibility for the cohort is not solely contingent on this factor).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature