

**New Experiences in Mathematics Education (NExIME) Program**

**Elementary Mathematics Leadership Application**

Return this form to:
Dr. Rick Hudson, 8600 University Blvd., Evansville, IN 47712, rhudson@usi.edu .

**Participant Information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.: \_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Work Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Number of Years of Teaching Experience (including 2023-2024 academic year): \_\_\_\_\_\_\_\_\_\_\_\_
* Semester in which you plan to initially register for graduate courses at USI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe how participation in the NExIME Program would benefit you personally and professionally.

**Participant Endorsement**

I am receiving other funding or reimbursement for the course(s) listed above. \_\_\_\_Yes \_\_\_\_No

If “Yes,” indicate the type and amount.

**Please initial to indicate agreement with the following statements:**

I understand that I cannot prepay for a graduate course and be reimbursed. Once I have received approval to take the course(s), I will enroll in the course(s) and the NExIME Fee Waiver will be applied to my student account. The cost of textbooks associated with the course, or any fines accrued, will be my responsibility as the recipient of the NExIME Fee Waiver. \_\_\_\_\_\_ Yes

I understand that failure to complete the graduate course may require repayment of 100% of the NExIME Fee Waiver. \_\_\_\_\_\_ Yes

I understand that withdrawing from the course after the 100% refund period will result in being fully responsible for whatever amount of tuition, fees and fines are owed at that time, whether a portion or the entire amount. \_\_\_\_\_\_ Yes

I grant permission for the NExIME Grant staff to review my academic records while participating in the NExIME Fee Waiver program to verify that final course grades meet or exceed requirements of the NExIME Fee Waiver program and the office of USI Graduate Studies. \_\_\_\_\_\_ Yes

I understand that receiving future NExIME Fee Waivers is partially dependent upon my successful performance in the coursework. \_\_\_\_\_\_ Yes

I understand the NExIME Fee Waiver may not cover repeated courses, regardless of reason. \_\_\_\_\_\_ Yes

I understand the NExIME Fee Waiver may be considered taxable income. \_\_\_\_\_\_ Yes

**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**