

Center for Talent Development
Gifted Learning Links
617 Dartmouth Place • Evanston, IL 60208
Phone: 847-491-3782, extension 5 • gll@northwestern.edu • Fax: 847-491-3394

GLL IN SCHOOLS: APPLICATION COVER SHEET 2011-2012

If school is applying for school discount, this form MUST be filled out.

- There is a 10% tuition discount for schools that enroll a minimum of 5 students or more. The application fee will be charged in full at \$60 per student, and the remaining balance will be reduced by 10%.
 - Discounted rate with 5 or more students:
 - Enrichment/Core Essentials: \$438/student
 - Honors Elective (1 credit): \$541.50/student
 - Honors/AP® (2 credit): \$789/student
- Submitting school applications online is the preferred method. Contact Gifted LearningLinks to receive a School Group Code in order to bypass the payment section.

Date: _____ School Group Code: _____

ADMINISTRATOR INFORMATION:

The Administrator is the individual who approves the student(s) to take a Gifted LearningLinks course

Name of Administrator: _____

Name of Academic Institution: _____ Position: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Academic Administrator's E-mail: _____

Academic Administrator's School Phone: _____ School Fax: _____

SCHOOL PAYMENT INFORMATION:

To whom and where the invoice should be sent.

Amount Paid By (check one): ___ District ___ School ___ Family

Invoice should be sent ATTN: _____ Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Invoice Contact's Email: _____

Invoice Contact's Phone: _____ Fax: _____

Select Payment Method: ___ P.O. # _____
___ Credit Card # _____ exp ____ / ____
___ Check # _____

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SCHOOL LIAISON INFORMATION:

If students will be working on their courses during school hours, it is strongly recommended that students be assigned an in-school liaison who can assist students with the technology and/or subject matter. Performance issues will also be addressed through the designated academic liaison by the teacher of the Gifted LearningLinks course.

Name of School Liaison: _____

Name of Academic Institution: _____ Position: _____

School Address: _____

City: _____ State: _____ Zip: _____

School Liaison's E-mail: _____

School Liaison's School Phone: _____ School Fax: _____

Student's name	Course	Start Date	Cost

Please submit completed cover sheet, applications and other documentation including test scores by postal mail, email or fax to:

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