

**APPLICATION FOR TUITION REIMBURSEMENT**

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

Name: \_\_\_\_\_ Certification Held: \_\_\_\_\_

School Bldg. \_\_\_\_\_ Teaching Assignment: \_\_\_\_\_

Degree Held: \_\_\_\_\_ Degree Program: YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, Name of Program \_\_\_\_\_

**DESCRIPTION OF COURSE(S):** Please attach the course description provided by the college or university in the course catalog.

| <u>DATE OF COURSE</u><br>(Semester, Month, Year) | <u>COURSE NAME</u> | <u>COLLEGE</u> | <u># of CREDITS</u> | <u>COST PER CREDIT</u> |
|--|--------------------|----------------|---------------------|------------------------|
|  |                    |                |                     |                        |
|  |                    |                |                     |                        |
|  |                    |                |                     |                        |

EMPLOYEE SIGNATURE\*: \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_      Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

\_\_\_\_\_  
 Principal/Date Signed

\_\_\_\_\_  
 Superintendent of Schools/Date Signed

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- NOTE:** 1. To be completed in triplicate and submitted to Principal.  
 One copy will be returned to applicant.
2. In order to receive payment for credit, this form must be approved by the Superintendent of Schools PRIOR to taking courses. Upon completion of courses, ORIGINAL TRANSCRIPTS, THIS FORM & PROOF OF PAYMENT must be submitted to the Personnel Office on/or before:
- September 30<sup>th</sup> for October reimbursement  
 February 28<sup>th</sup> for March reimbursement  
 June 30<sup>th</sup> for July reimbursement

\*By signing this document the employee recognizes that by contract he/she must remain employed in a certified position in the district for no less than one calendar year after the completion of the course; if not the employee must return the amount of the reimbursement check.

