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| Administrator: |       | Assignment: |       |
| Course Title & Number: |       |
| Name of Accredited College or University: |       |
| Date of First Class (Preapproval by Superintendent is Required): |       |
| Indicate how course relates to your area(s) of responsibility or your IPDP (attach additional pages if necessary): |
|       |
|       |
|       |

If this application is approved, the applicant understands the following guidelines are in effect:

* Course work must be graduate level.
* After completion of the course, the applicant will provide an official transcript indicating course completion and final grade of A,B, pass, or equivalent.
* No reimbursement will be provided for audited course work.
* Reimbursement shall not exceed $200 per semester hour to a maximum of $750 in any twelve month period (contract year of August 1 to July 31).
* Reimburse for approved course work will be made only after course completion and submission of required transcript(s) and bill(s) indicated proof of payment.
* Reimbursement shall be treated as income and is subject to taxation.
* Administrator must remain in the district for 12 months after the completion of the class; any tuition reimbursement would have to be paid back to the BOE if the administrator leaves the district prior to the 12 months.
* Reimbursement will not be made for books, mileage, or other expenses associated with the class(es).

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|  |  |       |
| Signature of Administrator/Applicant |  | Date |

*For Office Use Only*

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| --- | --- | --- | --- | --- |
|  | Approved |  | Disapproved |  |
|  |  |  |  |  |
| Superintendent’s Signature |  | Date |

Reason(s) for disapproval:

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|  |

 Board of Education Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Approved for Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Superintendent Date*

*Date of Reimbursement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.O. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*