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

To be eligible for reimbursement the employee must meet the following qualifications: Application for tuition reimbursement must be approved by the Superintendent prior to the first class meeting.

* Course work must be graduate level.
* Course work must be from an accredited college or university.
* Course work must be directly related to the employees’ area of responsibility or to the employees’ IPDP.
* Provide the Superintendent with an official transcript substantiating course completion and final grade of A, B, or equivalent.
* If course is pass/fail, transcript must substantiate course was passed.
* No reimbursement shall be provided for audited course work.
* Provide the Superintendent’s office with appropriate receipt substantiating amount paid for course work.
* For accounting purposes, the date on which the course is scheduled to end shall be the date used to determine the disbursement year.
* Although approval of course selection makes the employee eligible for reimbursement it does not guarantee that funds will be available.
* Employees are encouraged to submit all documents required for reimbursement to the Superintendent in a timely manner.

***In accordance with Article VI, Section 13, of the Master Agreement, I am making application for tuition reimbursement:***

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

*For Office Use Only*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*