

Tuition Reimbursement Application

Application for reimbursement shall be made to the Superintendent prior to starting of course work.

Name _____ Date of Application _____

Please be advised that I plan to take the following course:

From the following university or college _____

The beginning and ending date for the course are as follows:

_____ (begin date) _____ (end date)

This course relates to my teaching field in the following manner

The cost of the tuition is _____

The above information is, to the best of my knowledge, true. I will notify the office of the Superintendent if any of the above information changes. I am requesting tuition reimbursement in accordance with Article 44 of the negotiated agreement.

Signature

******* To be filled out by the Superintendent or designee *******

Anticipated reimbursement not to exceed _____

Approved _____ Disapproved _____

Superintendent signature Date

******* To be submitted by the applicant prior to reimbursement *******

Official transcript/grade _____

College/University receipt for tuition _____