



Request for Renewal Credit and/or Tuition Assistance (MGSD-10)

Name: _____ School/Dept.: _____

Course/Training Provider: _____

Title of Course/Activity: _____

Course Beginning Date: _____ Ending Date: _____

CEUs: _____ (10 Contact Hours = 1 CEU) Course Semester Hours (College Credit): _____

Minimum Hours Required for CEUs = 5 Contact Hours (0.5 CEUs)

RENEWAL CREDIT REQUEST	Certificate or other proof of completion is required and must be attached to receive CEUs.
<p>Please indicate the type of CEU requested:</p> <p><input type="checkbox"/> Content/Academic <input type="checkbox"/> Literacy</p> <p><input type="checkbox"/> Digital Learning Competencies <input type="checkbox"/> School Administrator <input type="checkbox"/> General</p>	
<p>Applicant Signature: _____ Date: _____</p>	
<p><u>CEUs/CREDIT APPROVAL</u> (to be completed by central office)</p>	
<p>Signature of Reviewer: _____ Date: _____</p>	
<p>CEUs/Credit Approved: _____</p>	

TUITION ASSISTANCE REQUEST	Tuition assistance requires prior approval. If approved, this form will be returned to you to retain until completion of the course.
<p><input type="checkbox"/> Tuition assistance is requested for the course described above and I have attached a copy of my paid registration receipt.</p>	
<p>Tuition amount requested: _____</p>	
<ul style="list-style-type: none"> • \$1,000 maximum reimbursement per year (July 1 - June 30) • Reimbursement may not exceed actual expenditure per course 	
<p><i>Upon completion of the course, this form must be returned to the central office with a <u>copy of your your grades</u> in order for the reimbursement to be processed.</i></p>	
<p>Applicant Signature: _____ Date: _____</p>	
<p><u>TUITION ASSISTANCE PRIOR APPROVAL</u></p>	
<p>Principal/Director Signature: _____ Date: _____</p>	
<p>CO - District Administrator Signature: _____ Date: _____</p>	