



**Baldwin-Whitehall School District**

**Request for Reimbursement for Tuition – 2020-2021**

**SUBMIT TO SUPERINTENDENT’S OFFICE PRIOR TO START OF COURSE**

**Are you a LEVEL II/Permanently Certified Professional? Yes \_\_\_\_\_ No \_\_\_\_\_**

Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade and/or subject taught \_\_\_\_\_

I request approval of the course listed below for reimbursement under the provisions of the agreement between the Baldwin-Whitehall School District and the Baldwin-Whitehall Education Association.

Course Number and Title \_\_\_\_\_

Do you request Act 48 credits for this course?  \*Yes  No (*\*If yes, attach description or brochure.*)

\*\*Graduate Level Course:  Yes  No In-service Course:  Yes  No

*\*\*Documentation required establishing that the course is a graduate level course.*

\_\_\_\_\_  
(Number of Credit Hours)      (\*Cost Per Credit Hour)      (From [date])      (To [date])  
*\*Documentation of course cost required.*

Offered by \_\_\_\_\_ (University/College Name)

*Course description (usually provided in catalog).*

How will this course be helpful in improving instruction? \_\_\_\_\_

Signature of Requestor \_\_\_\_\_

**Claim for Reimbursement**

Reimbursement will be made following the receipt of an official transcript indicating the completion of the approved course with a “B” or better grade. In the case of a non-graded course, a pass will be considered equivalent of a grade of “B” or better. A transcript should be attached to approved Request for Reimbursement of Tuition and submitted to the office of the Superintendent of Schools.

**Office Use Only**

\_\_\_\_\_ The request for reimbursement is  approved  \*rejected

Date Request Received      The request for Act 48 credit is  approved  \*rejected

\*Reason for rejection(s) \_\_\_\_\_

\_\_\_\_\_  
Superintendent of Schools Signature      Date

Number of previously approved credits for current school year	_____
Board Approval	_____
Date reimbursement check mailed to employee	_____