TUITION REIMBURSEMENT FOR 2023–2024 SCHOOL YEAR THIS FORM MUST BE COMPLETED AND APPROVED BEFORE ENROLLING IN THE COURSE

- Tuition Reimbursement is available for teachers who hold a master's degree or above.
- Graduate Credits must be from an accredited university and will only be granted for courses that have been approved by the Director of Human Resources in advance.
- This form should be signed and sent through interoffice mail or emailed to Marge Cion (mcion@darienps.org) at LEAST thirty (30) days before the course starts. The course description MUST be attached.
- Upon approval, the form will be returned to you. Forms that are not complete or do not adhere to policy will be returned.
- Upon completion, submit an unofficial transcript (a grade of B or better) and a Bursar's receipt showing payment for the course to Vickie Festo (vfesto@darienps.org) at Central Services.
- Teachers will be reimbursed \$400 per credit hour or the actual cost of the course, whichever is less. No more than nine (9) credits per teacher can be submitted for reimbursement during any academic year.
- Reimbursements will be distributed for approved requests in the order in which they are received, until the limit of \$50,000 for the 2023-2024 school year is met. Courses must be completed between 7/1/2023 6/30/2024.

| Name: | Name: | | | | School: | | | | |
|---|----------------------|-------------------------------|-------------|-----------------|------------|--------------|-----------|--|--|
| Position: | | | | | | | | | |
| Course #: | # Credits Earned: | | | | | | | | |
| Course Name: | | | | Lum | icu. | | | | |
| Name of College/University: | | | | | | | | | |
| Is this an online course? | Semester: | | | | | | | | |
| Time Frame: Day(s) of Week (check) | MON: | TUES | WED | THURS | FRI | SAT | SUN | | |
| Start Date: | | Completion Date: Total Hours: | | | | | | | |
| Start Time: | AM PM | End Time: | | AM PM | | | | | |
| STATEMENT & OBJECTIVES: Why is | this co | urse necessary | /appropriat | e for you and v | vhat do yo | u hope to ac | complish? | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Signature of Applicant: | | | | Date: | | | | | |
| Signature of Director of Human Resources: | | | | Date: | | | | | |