

# TEACHER TUITION REIMBURSEMENT FORM

## CECIL COUNTY PUBLIC SCHOOLS

Office of Human Resources  
201 Booth Street \* Elkton, MD 21921  
phone: 410-996-1069 \* fax 410-996-1051

The Board shall reimburse a unit member up to \$483 per credit hour, not to exceed a maximum in any **one calendar year** of \$4,347 provided the amount of reimbursement shall not exceed the actual cost for tuition. To be eligible for reimbursement, the applicant must be an employee of the Board at the time the course was taken and at the time the reimbursement is to be paid. These credits must be applicable to a planned program.

To receive reimbursement payment, a grade of "C" or above is required. *Reimbursement forms, accompanied by official grade reports or transcripts, and proof of tuition cost and payment must be submitted within one year following completion of a course.* Reimbursement will be calculated at the rate in effect at the commencement of the course.

**\*\* Benefits are calculated on a calendar year and reimbursements will be counted against the calendar year in which you are actually reimbursed. \*\***

*Please circle the number below that indicates your planned program:*

1. Credits applied to the Advanced Professional Certificate and/or the Master's Degree
2. A Master's Degree plus 30 credits of graduate study in addition to credits required for the Master's Degree
3. A Master's Degree plus 60 credits of graduate study in addition to credits required for the Master's Degree
4. An earned doctorate

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ School: \_\_\_\_\_

College Where Credits Were Earned: \_\_\_\_\_ Cost per credit Hour: \$ \_\_\_\_\_  
Please provide registration receipt(s)

Semester Course \Taken: Fall \_\_\_ Winter \_\_\_ Spring \_\_\_ Summer \_\_\_ Original Grade Report is attached. (required for reimbursement) Yes \_\_\_ No \_\_\_

Highest Degree Held: BS \_\_\_ MS \_\_\_ Doctorate \_\_\_ Do you hold an Advanced Professional Certificate? Yes \_\_\_ No \_\_\_

*List courses for which you are requesting reimbursement. (Maximum 2 courses per form)*

Course No.	Course Name	No. Credits	Grade
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\*\*\*TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES\*\*\*

REIMBURSEMENT RATE: \$ \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_