ADMINISTRATORS AND SUPERVISORS
REQUEST FOR TUITION REIMBURSEMENT
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 60 days 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: _____