



**TUITION REIMBURSEMENT
APPLICATION FOR APPROVAL**

NAME: _____ DATE: _____

BUILDING: _____ POSITION: _____

Course Title	Indicate G-Graduate U-Undergraduate	Semester Credit Hours	Name of University or College
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Summer _____ Fall _____ Spring _____ Year _____

Please indicate level or reimbursement requested:

_____ **Level 1 - \$300.00 per credit hour** (with a maximum of 9 hours per school year*) for course work toward a degree or certificate relevant to position or District needs. **A copy of your individualized program plan signed by an advisor, DESE Certification deficiency statement or letter of acceptance into the program must be attached if this is your first time applying for reimbursement at this level.**

Please indicate which of the following categories apply:

- | | |
|------------------|----------------------------------|
| _____ Associates | _____ Doctorate |
| _____ Bachelors | _____ Specialist |
| _____ Masters | _____ Certification requirements |

_____ **Level 2 - \$210.00 per credit hour** (with a maximum of 6 hours per school year*) for other course work relevant to position or District needs.

Please indicate which of the following categories apply:

- | | |
|-------------------|---|
| _____ Masters +30 | _____ Not Masters +30 but related to position |
|-------------------|---|

**School year begins with summer session*

Submission of an official transcript or equivalent record and tuition receipt must be received by Human Resources within 45 days of completing the class in order to receive reimbursement.

For Human Resources Use Only

Approved/Denied: _____ Date: _____

Plan Received: _____ Receipt Received: _____ Grade Received: _____

Prior reimbursement received: Summer \$ _____ Hours _____ Fall \$ _____ Hours _____ Spring \$ _____ Hours _____

Rate _____ X No. of Hours _____ = Reimbursement \$ _____