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Chief Academic Officer
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Chief School Business Official
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Chief Human Resources Officer
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*Executive Director of Communications &
 Strategic Partnerships*



BOARD OF EDUCATION
School District 189
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Tuition Reimbursement Request Form

Last Name: _____ First Name: _____
 Assignment: _____ Location: _____
 Grade Level: PK ____ K-4th ____ 5th -8th ____ 9th-12th ____

College/University: _____

Degree Program: _____

Working Towards: Bachelors ____ BA+16 ____ Masters ____ MA+16 ____ MA+30 ____

*I certify that the course(s) listed below are in the prospective area of teaching and will be
 taken during: Fall ____ Intersession ____ Spring ____ Summer ____ Semester of 20 ____.*

Course #	Course Title	Sem. Hrs.	Begin Date	End Date

I also certify the courses listed above are being submitted for approval prior to enrollment.

 Signature of Enrollee

 Date

 Signature of Principal/Supervisor

 Date

***Please Note:** No matter what Accredited Institution of Higher Education you attend; Tuition Reimbursement will be paid at the rate of Southern Illinois University at Edwardsville for the year in which course work is taken.

Course(s) reviewed by Human Resources Representative Name _____ Date: _____ Reason: _____	___Approved	___Disapproved
Course(s) reviewed by Human Resources Representative Name _____ Date: _____ Reason: _____	___Approved	___Disapproved

HUMAN RESOURCES DEPARTMENT
 Phone: (618)646-3000 Fax: (618)583-8254
HR@estl189.com