CLARKSDALE MUNICIPAL SCHOOL DISTRICT

Tuition Reimbursement Guidelines & Procedures
Certified & Classified Staff

Guidelines

Subject to the availability of Title II and Title IV federal funds,

A. Certified staff who have been pre-approved by the Clarksdale Municipal School District's Federal Programs to enhance their knowledge of content and teaching strategies or a course required for National Board Certification shall be reimbursed for the cost of tuition and books as indicated in these guidelines.
B. Classified staff employed in the Clarksdale Municipal School District and have been pre-approved by CMSD Federal Programs may be reimbursed for the cost of tuition and books for post-secondary coursework towards an associate degree, bachelor's degree, and/or certification in teacher education as indicated in these guidelines.

- Certified staff can be reimbursed for a maximum of 3 semester hours per semester and 3 semester hours per summer session.
- Classified staff can be reimbursed for a maximum of 6 semester hours per semester and 3 semester hours per summer session.
- Certified & Classified staff can be reimbursed for the cost of textbook(s) cost.
- Certified & Classified staff must provide valid receipts for tuition cost and textbook(s) cost.
- Certified & Classified staff must earn a grade "B" or better as evidenced by a copy of the grade report from the college or university providing the instruction.
- Certified & Classified staff cannot enroll in course(s) during the regular scheduled school day.
- Certified & classified staff who accept reimbursement must sign a memorandum of agreement to remain with Clarksdale Municipal School District for a minimum of three years.
- If employment is terminated (voluntarily or involuntarily) prior to the end of 3-year commitment, participants must reimburse all monies paid toward financial support.

Procedures

1. Complete and submit the Pre-Approval Application for Tuition Reimbursement to CMSD Office of Federal Programs.
2. Pre-approval will occur only after submitting the completed Pre-Approval Application.
3. Tuition reimbursement will occur upon presentation of Approved Pre-Approval Application, completed Tuition Reimbursement Form, receipts of tuition and textbook payments, and a copy of final grade of a "B" or better.
4. As tuition funds are limited, each application will be reviewed on a case-by-case basis. Applications may be denied for the following reasons:
    a) Course does not directly link to increased job performance or tie to a career path.
    b) Incomplete Pre-Approval Application for Tuition Reimbursement and/or Tuition Reimbursement Form
    c) Requests exceed allocation limits.
    d) Total District allocated tuition reimbursement limit has been reached.
    e) Other, i.e. – equity allocation adjustments

CLARKSDALE MUNICIPAL SCHOOL DISTRICT

Pre-Approval Application for Tuition Reimbursement
Classified & Certified Staff

Please complete and submit to the CMSD Office of Federal Programs. Requests for tuition reimbursement will not be honored if this form has not been submitted. An approved copy of this form must be attached to the Tuition Reimbursement Form.

☐ Classified ☐ Certified			
Name:		School:	
Email:		Current Position:	
Date Requested:		Registration Deadline:	

Course requested for approval (Classified Staff): Up to six (6) hours per semester; 18 hours per year.

Course requested for approval (Certified Staff): Up to three (3) hours per semester; 9 hours per year.

Name of the Accredited Institution: _____

Course Title	Course #	Semester Hours	Completion Date	Tuition Amount	Semester/Year (*Fall, Spring, Summer*)

Level of coursework: ☐ Bachelor's ☐ Master's ☐ Doctorate

Major? _____

Month and year, you anticipate receiving your degree: _____

Are you trying to obtain teacher certification/endorsement? ☐ Yes ☐ No

If yes, what certification/endorsement: _____

Are you enrolled in the Teach Mississippi Institute Program (TMI)? ☐ Yes ☐ No

Please describe below how the course(s) relate to your current professional assignment or is otherwise a value to CMSD.

I am requesting pre-approval for tuition reimbursement for enrollment in an undergraduate, or graduate level college course/program in an approved teaching/administrative licensure area to enhance my knowledge of content and teaching strategies at the expense of Clarksdale Municipal School District. I understand I must commit to working in the district for three (3) consecutive years upon completion of my teacher/administrative licensure area education program. I understand that all financial incentives are contingent upon the availability of funds.

Applicant's Signature: _____ Date: _____

Principal/Supervisor Signature: _____ Date: _____

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Courses Approved: Yes ☐ No ☐ **Tuition Reimbursement: Yes ☐ No ☐**

Federal Programs Director: _____ Date: _____

CLARKSDALE MUNICIPAL SCHOOL DISTRICT

Tuition Reimbursement Form
Classified & Certified Staff

Please complete and submit to the CMSD Office of Federal Programs.

☐ Classified ☐ Certified			
Name:		School:	
Email:		Current Position:	
Date Requested:		Date Class(es) Ended:	

A. Courses Completed

Name of the Accredited Institution: _____

Course Title	Course #	Semester Hours	Semester/Year (*Fall, Spring, Summer*)

B. Tuition & Textbook Fees Only

Please attach the following:

☐ Copy of (approved) Pre-approval Form	**Tuition Amount:**	**$**
☐ Itemized Tuition Receipt	**Textbook(s) Amount:**	**$**
☐ Textbook Receipt		
☐ Copy of final grades/transcript reflecting a B or higher		
	Total Reimbursement:	**$**

I understand that if I am approved and receive tuition reimbursement, I must commit to working in the district for three (3) consecutive years upon completion of my teacher/administrative licensure area education program. I shall forfeit the value of the reimbursement if I resign, retire, or am dismissed from the district within three (3) years of the date that I received the reimbursement. I understand I will be responsible for reimbursing Clarksdale Municipal School District. I understand that all financial incentives are contingent upon the availability of funds.

Applicant's Signature: _____ Date: _____

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☐ APPROVED ☐ NOT APPROVED: _____

Federal Programs Director: _____ Date: _____

Fund _____ Function _____ Unit _____ Object _____