



Professional Growth Reimbursement Application

Employee Name (printed): _____

Building: _____

Courses (use multiple forms if required):

Course Number:	Semester Hours:	Graduate:	Undergraduate:
Course Title:			
University:			
Location (on campus, branch, online):			
Begin Date:		End Date:	

Course Number:	Semester Hours:	Graduate:	Undergraduate:
Course Title:			
University:			
Location (on campus, branch, online):			
Begin Date:		End Date:	

Total Tuition Cost: \$ _____
(Do not include any fees in the amount above. Only tuition is reimbursable)

In your mind, is there any question that the course(s) listed may not be directly related to your teaching assignment? If yes, please explain:

Employee Signature: _____ Date: _____

Superintendent: _____ Date: _____