



Baldwin-Whitehall School District

Request for Reimbursement for Tuition – 2025-2026

SUBMIT TO SUPERINTENDENT’S OFFICE PRIOR TO START OF COURSE

Please check one: Professional Employee _____ or Temporary Professional Employee _____

Name _____ Date _____

School _____ Grade and/or subject taught _____

I request approval of the course listed below for reimbursement under the provisions of the agreement between the Baldwin-Whitehall School District and the Baldwin-Whitehall Education Association.

Course Number and Title _____

Do you request Act 48 credits for this course? *Yes No (**If yes, attach description or brochure.*)

**Graduate Level Course: Yes No In-service Course: Yes No

***Documentation required establishing that the course is a graduate level course.*

(Number of Credit Hours) (*Cost Per Credit Hour) (From [date]) (To [date])
**Documentation of course cost required.*

Offered by _____ (University/College Name)

Course description (usually provided in catalog).

How will this course be helpful in improving instruction? _____

Signature of Requestor _____

Claim for Reimbursement

Reimbursement will be made following the receipt of an official transcript indicating the completion of the approved course with a “B” or better grade. In the case of a non-graded course, a pass will be considered equivalent of a grade of “B” or better. A transcript should be attached to approved Request for Reimbursement of Tuition and submitted to the office of the Superintendent of Schools.

Office Use Only

_____ The request for reimbursement is approved *rejected

Date Request Received The request for Act 48 credit is approved *rejected

*Reason for rejection(s) _____

Superintendent of Schools Signature Date

Number of previously approved credits for current school year	_____
Board Approval	_____
Date reimbursement check mailed to employee	_____