



## Professional Growth Reimbursement Application

Employee Name (printed): \_\_\_\_\_

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: |                |

Please attach a grade slip and detailed tuition statement. Official transcripts are not required. Reimbursements are paid according to the NLEA contract provisions. The fiscal year is July 1<sup>st</sup> to June 30<sup>th</sup>. The maximum annual allotment is based on the course completion date. The deadline to submit for current fiscal year courses is June 15<sup>th</sup>. Courses completed between the June 15<sup>th</sup> cut-off and June 30<sup>th</sup> will be applied to the following fiscal year allotment.

Total Tuition Cost: \$ \_\_\_\_\_  
(Only tuition is reimbursable, please provide a detailed statement of all fees from the college/university)

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: \_\_\_\_\_