



Title II Tuition/Program Reimbursement Request Form

REIMBURSEMENT REQUESTS WILL BE PROCESSED AND BASED ON ESTABLISHED DISTRICT PRIORITIES WHEN RECEIVED; A WAITLIST MAY BE INSTITUTED IF NEEDED; REIMBURSEMENT IS FOR TUITION CREDIT HOURS OR ALTERNATIVE PROGRAM COSTS ONLY. PRIORITIES FOR 26-27: 1. COURSEWORK TO COMPLETE ALTERNATIVE CERTIFICATION PROGRAMS; 2. COURSEWORK TO OBTAIN CREDENTIAL INDICATED IN DISTRICT NEEDS ASSESSMENT; OTHER REQUESTS WILL BE PLACED ON WAIT LIST AND REIMBURSED IF FUNDS ARE AVAILABLE. PREPAYMENT OF COURSEWORK/ALTERNATIVE PROGRAM COSTS IS NOT ALLOWED.

Employee Name: _____ Date: _____

Department: _____ Job Title: _____

School/Program Attending: _____

Course Title	Course Number	Credit Hours	Tuition-Credit Hour/Program Cost
_____	_____	_____	_____

Course Dates From: _____ To: _____ Are Course(s) for Credit Leading to a Degree? Yes ____ No ____

ATTACH supporting documentation addressing the following questions and any other comments:

1. How does the proposed course of study relate to your job assignment/position duties?
2. How will the course-provided knowledge/techniques improve your performance and be useful for your position?

I understand that by submitting this form I am not guaranteed tuition reimbursement. My request must still be reviewed for approval. I understand that all requests are on a first come first serve basis until funding is depleted. I understand that I must make a C or better in the course to be eligible for reimbursement. I understand that if I am placed on the waitlist reimbursement is not guaranteed. If I am on the waitlist I will only be reimbursed if someone before me drops their class or fails to make a C or better.

Employee Signature: _____ Date: _____

**Please note that due to federal funding guidance, Read to Succeed courses cannot be reimbursed.*

DISTRICT OFFICE USE ONLY

Approved: ____ Yes ____ No

Waitlist: ____ Yes ____ No Number in queue _____

Denied: ____ Yes ____ No

If denied, state reason: _____

Fund _____ Function _____ Object _____

Project print screen included _____

Fed. Program Director Signature _____ Date _____

Office Use Only-circle and date when complete:

Required signatures

Copy of tuition bill

Copy of class schedule

Course justification

Reimbursement made to employee