

*Appendix F*

**TUITION REIMBURSEMENT APPLICATION**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Please Print

Building \_\_\_\_\_ Present Assignment \_\_\_\_\_

Area(s) Of Certification/License \_\_\_\_\_

College/University \_\_\_\_\_

Description/Name of requested Course: \_\_\_\_\_ Course Code: \_\_\_\_\_

Date course begins and ends

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
mm/dd/yy mm/dd/yy

Relationship to Applicant's professional license and teaching position with the District:

Number of Quarter Hours \_\_\_\_\_ Tuition Rate Per Hour \_\_\_\_\_

Semester Hours \_\_\_\_\_

I am not receiving financial aid or any other form of assistance with regard to the above course work. I further understand that in order to obtain reimbursement, I must submit an official transcript demonstrating a minimum grade of "B", a paid receipt showing the actual cost of tuition, and that payment for hours will be made in an amount contingent upon total hours taken by bargaining unit members for that fiscal year. Reimbursement payments are made annually between June 1 and June 30, based on transcripts/receipts received on or before June 1.

Date of receipt of application \_\_\_\_\_ Course Approved \_\_\_\_\_

Course Disapproved \_\_\_\_\_

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date