



## Teacher Application for Tuition Reimbursement

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Current Position \_\_\_\_\_ School/Department \_\_\_\_\_

**INSTRUCTIONS:** Complete application, print, sign and forward to the Office of Curriculum and Instruction, Denise Gum, at **least ONE month** prior to the start date of the course you are requesting for reimbursement. Courses must be from an approved accredited four-year institution recognized by the Ohio Department of Education. The employee must be employed for two (2) consecutive semesters to be eligible **OR** if you are a new employee you must receive verification of employment status and must have a current teaching contract for the timeframe of the request of the tuition reimbursement. If the coursework is to be used for future licensure, it must also meet the LPDC criteria.

*A teacher who receives tuition reimbursement must agree to remain with the district for two (2) years after the completion of the course, or the teacher must repay the full cost of the reimbursement.*

Name of College/University \_\_\_\_\_ Location \_\_\_\_\_

**List the course(s) in which you plan to enroll and are wishing to be reimbursed:**

START DATE	END DATE	COURSE #	COURSE NAME	SEMESTER HOURS	QUARTER HOURS	TOTAL COURSE COST

*(Attach course description)*

**Reason for enrollment:**

Reimbursement for tuition is NOT automatic upon approval of this application. Upon completion of the coursework, you must submit transcript and your itemized fee bill (receipt/invoice) showing payment of courses to the Office of Curriculum and Instruction. Reimbursement is limited to coursework paid and no fees up to a limit determined by the district and shall be subject to funding availability. Reimbursement will be made in the months of January and June.

*I certify that the above information is a true and accurate account of the coursework to be taken. I acknowledge the terms for tuition reimbursement. I agree to abide by the terms established and submit this Application for Tuition Reimbursement.*

\_\_\_\_\_  
Employee Signature Date

DO NOT WRITE BELOW THIS LINE

<b>FOR OFFICE OF CURRICULUM AND INSTRUCTION</b>					
Date Rcvd:	Quarter/Semester	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Forwarded for Approval on:	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined		Date Approval/Denial:	
<input type="checkbox"/> General Fund Funding Source	Approved by:	Amount Approved:			
COMMENTS/NOTES:					
<b>USE:</b>					

**Mission Statement**

To equip our students to achieve success in a global society by implementing an effective and rigorous curriculum with fidelity.