

MARSHALL PUBLIC SCHOOLS

Request for Tuition Reimbursement Approval

(Form applicable for: 2015-16, 2016-17 and 2017-18 school years)

Check (✓) all that apply:

- Working toward 1st masters degree
- Renewing teaching credentials
- Required for SPED position
- Continuing Ed. (permanent certificate holders only)

Name _____ School _____ Semester _____

College/University Attending _____ Course Start Date _____ Course End Date _____

School Year _____ # Credit Hours approved to date for school year _____ (6 maximum reimbursable)

Graduate Course Information

<u>DEPT.</u>	<u>NUMBER</u>	<u>NAME</u>	<u># CREDIT HRS</u>	<u>ESTIMATED TUITION COST</u>
_____	_____	_____	_____	\$ _____

I am requesting prior approval for the graduate course listed above. Further, I understand that I will be reimbursed the cost of tuition (paid by myself) up to six (6) hours of graduate credit per year. Only one class may be taken per semester during the school year. Reimbursement will be made at a rate of 75% of the cost of the class tuition. The cost of the class tuition will not exceed the average tuition calculated using these five universities: MSU, Spring Arbor, Western, Grand Valley and Central. Payment shall be made when a record of the credit and a receipt for payment specifying the tuition amount are presented to the business office, provided the teacher is still teaching in Marshall Public Schools. For those teachers taking classes that conclude after the last student contact day of the school year, the teacher must return to teach in the district for at least twenty (20) school days in the following school year before requesting reimbursement. The foregoing payment is subject to the following conditions:

- (a) The amount shall be paid only for those courses related to the profession of education.
- (b) Correspondence courses will not qualify a teacher for remuneration under this paragraph.
- (c) Above amount to be paid only on hours taken (enrollment date) after effective date of this Agreement.
- (d) Teacher must receive advanced written approval from the Superintendent to receive reimbursement for the courses.
- (e) Request for reimbursement must be made within 1 year of the beginning of the semester of the class.
- (f) Payment shall be made within a sixty (60) day period regardless of grants or scholarships received.

Teacher's Signature _____ Date signed _____

Principal's Signature _____ Date signed _____

Superintendent's Signature _____ Date signed _____

For office use only (✓):

- College acceptance letter on file
- Renewing teaching certificate 6 CU
- Assigned to a SPED position
- Continuing Ed. (permanent cert. holder only)

Only one graduate course per form. Incomplete information will result in the form being returned for proper completion.

Upon approval route as follows: (A) **Teacher** – copy, (B) **Principal** – copy, (C) **Superintendent** – original