Please complete the top portion of the application and submit to the Principal for consideration **prior to enrollment.** Attach a completed payment request, for the amount to be reimbursed, to this application. Upon completion of the course(s), **an official (not a copy) of transcript or grade report** showing payment and successful completion must be turned in to the Principal for reimbursement. **This form must be completed in its entirety prior to enrollment in the course for reimbursement to be considered.**Requests for reimbursement without prior approval will not be considered.

To be completed by the applicant:

Name:		Date:						
Course Number	Course Title	College University	Credit Hrs	Grad/ Undergrad	Anticipated Completion Date	Tuition Amount	Tuition Reimb. Amount	
Describe t	the benefits to be der	ived from comple	ting the co	ourse(s) listed	d above.			
		•	J					
	Required to maint	ain provisional CT	E Educator	· certification				
Required to maintain license/certification					2nd Year - up to \$500			
	Degree program					ear - up to \$1,000 nd 4th Year - \$2,250		
	Directly supports	curriculum	beyond 4th rear - \$2,230				30	
	Approved for reim	bursement						
Signature of Applicant			Date					
Director's/Principal's Signature			 Date		approved \$ amount			
Business Manager's Signature			 Date					

* All requests for salary adjustment resulting from course completion must be submitted prior to the start of the school year. (Use Education/Salary Adjustment Request)

NO MID-YEAR ADJUSTMENTS WILL BE MADE