

**PRIOR APPROVAL FOR
TUITION REIMBURSEMENT
JULY 1, 2018 – JUNE 30, 2021**

NAME: _____ **DATE SUBMITTED:** _____

COURSE TITLE: _____

COURSE CODE: _____

START DATE OF CLASS: _____ **END DATE OF CLASS:** _____

LEVEL: GRADUATE: _____ **UNDERGRADUATE:** _____

NUMBER OF HOURS: QUARTER HOURS: _____ **SEMESTER HOURS:** _____

COLLEGE / UNIVERSITY: _____

RELATIONSHIP TO ASSIGNMENT: _____

APPROVED BY: _____ **DATE:** _____

Course must be approved as part of the employees Individual Professional Development Plan. The plan shall be based on the needs of the educator, the students and the school district.

Each bargaining unit member shall be eligible for reimbursement of the cost of twelve (12) quarter hours or twelve (12) semester hours per school year. Each bargaining unit member will be reimbursed at the rate of \$250.00 per quarter hour and \$375.00 per semester hour, but in no case will the reimbursement exceed the cost of tuition.