

Staff Development Pre-Approval Form Tuition Reimbursement Request

Name _____ Building _____

**Per the State of Michigan, your first 18 credits earned beyond a Bachelor's degree are not subject to tuition reimbursement.*

College or university where credits will be earned:

Name: _____ Location: _____

Date Course Begins	Date to be Completed	Course Number	Course Title and Short Description	Graduate or Undergraduate	Number of Semester hr credits

State briefly how the courses listed above are related to your assignment, are aligned with District instructional goals, and how they will enhance your instructional effectiveness or are part of your Master's program:

I am requesting tuition reimbursement @ \$100 per semester hour per the current CEA contract, totaling \$ _____.

Important:

1. The request for approval of courses must be submitted to the Director of Curriculum and Instruction through your Principal at least **ten working days prior to registration** for the courses, unless it is taken as part of a Masters Degree program.
2. Approval or disapproval of courses will be based on Article V, Sections A & B.
3. **To receive reimbursement**, submit proof of satisfactory completion (**official** transcript indicating a grade of a B or above, and receipt of payment) to the Curriculum Office by either October 15th or April 1st **immediately** ensuing completion of the course for which tuition reimbursement has been approved.

Teacher Signature _____ Principal Signature _____ Date _____

COURSE ENROLLMENT APPROVAL _____ **DISAPPROVAL** _____

Signed _____ Date _____
Director of Curriculum and Instruction

Comments: _____

Course(s) completed, official transcript(s) submitted to the Office of Curriculum and Instruction, and submitted to the Account Payable for a reimbursement check.

Date _____ Signed _____
Director of Curriculum and Instruction