

**MIDDLEBOROUGH PUBLIC SCHOOLS
REQUEST FOR COURSE APPROVAL & REIMBURSEMENT OF TUITION COSTS**

Part A: To be completed **PRIOR TO COURSE START DATE** for lateral move and/ or reimbursement. Course approval must be obtained from the Superintendent prior to the course start date. A course description must be attached. Please write legibly.

Name of Applicant: _____ Date: _____
 School/Department: _____
 Home Address: _____

Course Number & Name	Accredited Institution/Location	Date of First Class/Semester	#Graduate Credit(s)

CREDITS APPLIED TOWARDS (CHECK ONE):

B+15 M M+15 M+30 M+45 M+60 Mx2/CAGS DOCTORATE

Is this course part of a degree program for which you have matriculated? YES NO

Do you intend to file for reimbursement? (Check One) YES NO Total Cost of Tuition \$ _____

Applicant's Signature: _____ **Date:** _____

Superintendent's Signature: _____ Date: _____

Part B: To be completed for reimbursement of course costs or credit toward lateral move **ONLY AFTER COURSE COMPLETION:**

All documents must be submitted no later **June 15th** to be eligible for reimbursement. Any forms received after that date will be eligible for credit only and will not be considered for reimbursement.

ATTACH: (both items are required)

- Transcript-** Copy of Transcript showing: (a) title of course completed; (b) a grade of B- or better was attained (passing grade if graded, on pass/fail basis); and (c) credits earned.
- Proof of Payment-** Copy of bursar's receipt, canceled check, or other proof of payment showing cost of tuition.

Applicant's Signature _____ **Date** _____ **COURSE TUITION:** \$ _____

Superintendent's initials: _____ Date: _____

REIMBURSEMENT OF TUITION COSTS- \$1,000.00 maximum per teacher per year with Annual District cap of *\$36,500. 00

{APPLICANT: THE SIGNED ORIGINAL WILL BE RETURNED TO YOU. RETAIN COPIES OF ALL ITEMS, AS WELL AS THIS FORM, FOR YOUR RECORDS.}

**If District cap is met, all reimbursements will be pro-rated to maintain the allocated \$36,500.00.*