

This form must be completed in full before Principal Signature.

CROOK COUNTY SCHOOL DISTRICT TUITION REIMBURSEMENT REQUEST 2020-21

NOT FOR PROFESSIONAL GROWTH

DATE OF REQUEST: _____

Requestor Signature verifying request date meets all requirements (current school year through summer & prior to taking the class)

REQUESTOR NAME: _____

Written approval prior to a course being taken is required for all tuition reimbursement. Tuition shall be reimbursed under Article 15 for graduate level coursework directly related to the teacher's current teaching assignment or current TSPC endorsement area. Tuition for graduate level coursework may also be reimbursed under this Article at the discretion of the District for courses that satisfy any TSPC licensing requirement or where the District determines that graduate level coursework supports current or anticipated teaching needs.

I would like to take the following course(s) during the current school year term or following summer:

Fall _____ Winter _____ Spring _____ Summer _____; Date(s) for Coursework: _____

Cost per Credit: \$ _____ Location of class(es): _____ OR: [] Online

My current teaching assignment is _____

I am certified to teach: _____

COURSE DESCRIPTION - Must Be GRADUATE Level Courses (500 & Above)

(Indicate Qt. OR Sem.-NOT BOTH)

Course #	College or University	Name of Course	# Qt. Hr.	# Sem. Hr.

APPROVED: DISAPPROVED: _____
Principal Signature Date

Reason for Disapproval: _____

ONCE YOU OBTAIN YOUR PRINCIPAL'S SIGNATURE, RETURN THIS DOCUMENT TO THE HR DEPT.

APPROVED: DISAPPROVED: _____
Curriculum Director Signature Date

Reason for Disapproval: _____

APPROVED: DISAPPROVED: _____
HR Dept. Signature Date

Reason for Disapproval: _____

Date copy was returned to teacher: _____

(A copy of this fully signed form must accompany your transcript and payment receipt when sending to the HR Dept.)