



# MIDVIEW LOCAL SCHOOL DISTRICT TUITION REIMBURSEMENT APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
Please Print

Building \_\_\_\_\_ Present Assignment \_\_\_\_\_

Area(s) Of Certification/License \_\_\_\_\_

College/University \_\_\_\_\_

Description/Name of requested Course: \_\_\_\_\_ Course Code: \_\_\_\_\_

Date course begins and ends *(Any Courses beginning after June 30 will not be available for reimbursement until the next fiscal year)*

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
mm/dd/yy mm/dd/yy

Relationship to Applicant's professional license and teaching position with the District:

Number of Quarter Hours \_\_\_\_\_ Tuition Rate Per Hour \_\_\_\_\_

Semester Hours \_\_\_\_\_

I am not receiving financial aid or any other form of assistance with regard to the above course work. I further understand that in order to obtain reimbursement, I must submit an official transcript demonstrating a minimum grade of "B", a paid receipt showing the actual cost of tuition, and that payment for hours will only be made after the end of the fiscal year in an amount contingent upon total hours taken by bargaining unit members for that fiscal year.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Date of receipt of application \_\_\_\_\_

Course Approved \_\_\_\_\_

Course Disapproved \_\_\_\_\_

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date