



CERTIFIED TEACHER TUITION REIMBURSEMENT APPLICATION

Teacher Name _____ Address _____ City, State, Zip _____

Current School _____

College/University you plan to attend _____

Is this graduate credit? Yes _____ No _____ If no, is the credit needed to acquire newly mandated certification in your current teaching area which had not previously required specific certification?
Yes _____ No _____

Cost per credit hour \$ _____

| Course # | Course Name | Beginning Date | Completion Date | Semester Hours |
|----------|-------------|----------------|-----------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Comments:

1. This application must be **received** and **approved** in the Office of Human Resources prior to the beginning of class.
2. An **official transcript** or an **original report card**, along with **verification of payment**, shall validate the approved course work.
3. The college/university offering the course work shall be accredited by a regional agency and the Department of Elementary & Secondary Education of the State of Missouri.
4. Under comments, please indicate reason these hours of credit comply with the tuition reimbursement guidelines.
5. Student preparation shall be consistent with typical "on campus" course work offered during the school year.

| | | |
|----------------|-------------------|------------------------------------|
| _____ Approved | _____ Disapproved | _____ Date Application Received |
| _____ Appealed | _____ Date | _____ Assistant Superintendent |

FILL OUT IN TRIPLICATE AND SEND ALL COPIES TO THE HUMAN RESOURCES OFFICE