

Junction City Public Schools

Prior Approval for Tuition Reimbursement

Class Cycle

Fall1 Fall2 Winter1 Winter2 Spring1 Spring2 Summer1 Summer2

Name _____

School _____

I hereby apply for prior approval for tuition reimbursement for the course(s) listed below.

The following course(s) represent classes leading to a masters.

The following course(s) represent classes beyond the masters.

The following course(s) represent classes for additional certification.

Course No.	Course Title	University/College	Dates of Classes	Credits	Tuition

Employee Signature _____ Date _____

Superintendent _____ Date _____

Junction City Public Schools

Plan of Study

Indicate one: Additional Licensure Master's Specialists Master's + 30

Declare Major of Study or Additional Licensure Area

Name of University _____

University Advisor's Name _____

Advisor's Phone _____ Advisor's Email _____

Plan of Study

Course Number	Course Description

Projected Date of Completion _____

Signature of Licensed Employee _____

Signature of Superintendent _____

Junction City Public Schools

Tuition Reimbursement

Licensed Employee _____

Amount of Tuition Paid _____

(Please submit invoice from university)

Date Class Began _____

Date Class Ended _____

Was the class pre-approved and part of plan of study? _____

Approved Date _____

Not Approved Date _____

Employee Signature _____

Superintendent Signature _____