

Marsing Joint School District No. 363  
CERTIFIED STAFF – REQUEST FOR CREDIT APPROVAL

Employee's Name \_\_\_\_\_ Date \_\_\_\_\_

Course Description: \_\_\_\_\_

**Check All That Apply:**

These credits are tied specifically to content areas that I teach or to an endorsement I am adding. Explain:

These credits are specific to pedagogical best practices or for administration/teacher leadership. Explain:

These credits are tied to a specific area of need designated by district administration. Explain:

College \_\_\_\_\_

# of Semester/Quarter Credits \_\_\_\_\_ Tuition Cost \$ \_\_\_\_\_  
Semester/Quarter

Approved  Denied

\_\_\_\_\_  
Superintendent's Signature Date

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Do Not Cut – Submit Entire Form

**REQUEST FOR TUITION REIMBURSEMENT**

(This section to be filled out upon completion of class)

I have completed the above approved class during \_\_\_\_\_ semester/quarter  
(Fall, Winter, Spring, Summer)

At \_\_\_\_\_. Please reimburse for \_\_\_\_\_ semester/quarter

Credits. The cost of the tuition was \$\_\_\_\_\_.

\_\_\_\_\_  
Employee's Signature Date

The following steps must be completed prior to receiving payment from the district.

1. Copy of receipt/cancelled check verifying payment of fees for class.
2. Copy of transcripts/grade report for class.
3. Completed Request for Credit Approval/Request for Tuition Reimbursement form