**Lansing School District 158**

**Request for Approval of College Courses and Tuition Reimbursement**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Per Section 5.2 of the Professional Negotiations Agreement for years 2017-2018 and 2018-2019, the total cost reimbursed will not exceed the tuition rate equal to the current cost of three 3-hour graduate courses (equivalent to 9 graduate credits) at Governors’ State University per year. For years 2019-2020, 2020-2021, and 2021-2022, the total cost reimbursed will not exceed the tuition rate equal to the current cost of four 3-hour graduate courses (equivalent to 12 graduate credits).

***Step 1*** *– Course Approval (Must be from an accredited University or College)*

**Prior to taking the course, please fill out the top portion of this form. Attach with this form documentation from the University or College verifying the name of the school, course name and number, course description, number of semester hours, and that the course is graduate level.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name and Address****University/College** | **Start Date** | **End****Date** | **Course Number and Title** | **Credit Hours** | **Tuition per credit hour** | **Documentation Attached** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |

🞏 ***YES,*** *I will be seeking reimbursement.* 🞏 ***NO****, I will not be seeking reimbursement.*

Signature of Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Step 2*** *– Reimbursement*

***After Completion of Course:***

**Attach the required documents: Transcript of credits or grade card and receipt showing payment of tuition.**

|  |  |  |
| --- | --- | --- |
| Semester Hours | Tuition per credit hour | **To be filled out by District**Reimbursed amount per contract |
|  |  |  |
|  |  |  |

Payment of tuition reimbursement for academic year 20\_\_\_ to 20\_\_\_.

Chief School Business Official Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12.20.2018