

TEACHER TUITION REIMBURSEMENT FORM

CECIL COUNTY PUBLIC SCHOOLS

Office of Human Resources
201 Booth Street * Elkton, MD 21921
phone: 410-996-1069 * fax 410-996-1051

The Board shall reimburse a unit member up to \$483 per credit hour, not to exceed a maximum in any one fiscal year of \$4,347 provided the amount of reimbursement shall not exceed the actual cost for tuition. To be eligible for reimbursement, the applicant must be an employee of the Board at the time the course was taken and at the time the reimbursement was requested. These credits must be applicable to a planned program.

To receive reimbursement payment, a grade of "C" or above is required. ***Reimbursement forms, accompanied by official grade slips or transcripts, and proof of payment must be submitted within one year following completion of a course.*** Reimbursement will be calculated at the rate in effect at the commencement of the course.

Please circle the number below that indicates your planned program:

1. Credits applied to the Advanced Professional Certificate and/or the Master's Degree
2. A Master's Degree plus 30 credits of graduate study in addition to credits required for the Master's Degree
3. A Master's Degree plus 60 credits of graduate study in addition to credits required for the Master's Degree
4. An earned doctorate

Name: _____ Employee ID: _____ School: _____

College Where Credits Were Earned: _____ Cost per credit Hour: \$ _____
Please provide registration receipt(s)

Semester Original Grade Report is attached.
Course \Taken: Fall ____ Winter ____ Spring ____ Summer ____ (required for reimbursement) Yes ____ No ____

Highest Degree Held: BS ____ MS ____ Doctorate ____ Do you hold an Advanced Professional Certificate? Yes ____ No ____

List courses for which you are requesting reimbursement. (Maximum 2 courses per form)

Course No.	Course Name	No. Credits	Grade
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TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES

REIMBURSEMENT RATE: \$ _____

AMOUNT: \$ _____

PROCESSED BY: _____

APPROVED BY: _____

DATE: _____