APPENDIX B – TUITION REIMBURSEMENT PROGRAM - CHAT

CUYAHOGA HEIGHTS SCHOOL DISTRICT

This form must be completed and approved before the course begins.
(Reimbursement form for teachers **without** a Master's Degree.)

Teacher's Name (print) _____ Date form completed _____

COURSEWORK TO BE TAKEN*

COURSE TITLE _____HOURS_____QTR/SEM

COURSE TITLE _____HOURS_____QTR/SEM

COURSE TITLE _____HOURS_____QTR/SEM

NAME OF
COLLEGE/UNIVERSITY_____

DATE COURSEWORK WILL BE TAKEN_____

DATE COURSWORK WILL BE COMPLETED_____

***please attach a description of the course from the college/university course catalog/website**

The Board will reimburse teachers at the rate of $225 per semester credit hour up to a maximum of 36 hours. Reimbursement will be made within 30 days of presentation to the Treasurer of the official transcript, original grade card, or an Internet printout of grade(s) and proof of payment.

_____ _____
Signature of Teacher Date

_____ _____
Signature of Superintendent Date

Circle One:

Elementary	=	001-1110-231-0000-000000-001-00-000
Middle School	=	001-1120-231-0000-000000-002-00-000
High School	=	001-1130-231-0000-000000-003-00-000

This form will serve as the Purchase Order Requisition to generate a purchase order which will encumber the funds in the budgeted account, accordingly.