NORTHERN TIOGA SCHOOL DISTRICT

Tuition Reimbursement Application

	_	Date		
gnment		Assigned Building		
Approval Request for Credit taken.)	Reimbursement	(A separate application must b	be completed for each course	
st Degree	Credits l	Beyond		
e Number	Title		# of Credits	
Per Credit(DO	NOT include any	fees)		
Classes Begin / /	<u></u>	End/		
ge or University		Type of Credit: ()Graduate	() Undergraduate	
ou scheduled to be on leave at a please list the type of leave an			ites of the course? () Yes () No	
ent for tuition costs shall not a of absence that exceeds a total			ile on sabbatical leave or other cheduled course.	
Are these courses taken for the purpose of affective growth or personal betterment? () Yes () No				
Are you receiving tuition or other assistance from the GI Bill, N.S.F., the University, or any other government of educational agency for these courses? () Yes () No Amount per credit \$				
5. How will this course benefit your ability to conduct the major requirement			ition?	
/Approved by		Superintender	nt Date	
/Approved	by	by	bySuperintender	

Guidelines

1. When a professional employee applies for course approval, two copies of this form must be submitted to the Superintendent's Office at least two weeks prior to the meeting of the first class. The Superintendent will rule on the request within 2 weeks and return one copy to the employee. Return this copy to the Superintendent's Office upon completion of the course with Section 2 completed.

- 2. Notify the Superintendent's Office:
 - a. If you decide not to take an already approved course.
 - b. If the course is cancelled.
- Reimbursement/salary credit will be processed according to the contract only after the Superintendent's office receives a copy of a transcript or grade report.
- **4.** To receive reimbursement, an employee must be employed by the school District at the time reimbursement is to be received.

Section II

1.	dentify the appropriate expenses below:					
	a. Cost Per Credit	\$	_ (DO NOT include any fees)			
	b. Number of Credits	\$				
	c. Scholarships/Assistance Received	\$	_ (deduct for total)			
	d. Total Cost to Employee	\$	_			
2.	Please attach a copy of the itemized bil	ll you received from the college/institution.				
3.	Please attach a copy of the grade, grade-point, performance evaluation, attendance testimony or other verification of					
	ompleted study provided by the college/institution.					
4.	Please provide a copy of the literature p	describes the education/training received,				
	as described in this application (e.g., sy					
5.	*Please attach a copy of the literature p	ublished by the college/institution which	describes its accreditation, philosophy or			
	educational goals (a general brochure published by the institution will suffice this requirement).					
6.	. Describe specifically how the education/training applied for pertains to your major job requirements:					
_						
7.	Are you eligible to receive reimbursement or scholarship in any amount through another plan or benefit for the					
	•	ises incurred, as described in this application? () Yes () No				
	•	If yes, please describe the amount reimbursable to you and the plan/benefit's tax treatment of the reimbursement made to you (i.e., taxed as income or provided tax-free):				
	you (i.e., taxed as income or provided to					
	Signature of Applicant		Date			
	Signature of Superintendent		Date			
	Signature of Business Manager		Date			
	Amount to be Reimbursed \$		Date			

^{*}Not necessary for the following institutions: Mansfield University, Elmira College, Penn State University, Bucknell University, Clarion University, Ithaca College, Alfred University, Lock Haven University, and California University