

COURSE REIMBURSEMENT FORM

*The Board agrees to reimburse any teacher for the cost of coursework that is associated with teacher professional growth and approved in advance by the Superintendent. **Reimbursement will be provided for tuition, texts and all fees up to the total cost per credit hour for tuition and generally applicable fees at the University of Maine at Orono rate plus 20%. These costs will be determined at the time of participation and shall be approved by the Superintendent.*** Anticipated use of this benefit shall be communicated through submission of this form **by February 1, 2024.**

Name: _____ I _____ School: _____

Position: _____ Full Time/Part Time: _____

College/University: _____

Title of Degree/Program: _____

Please provide a description of the course(s) for which you intend to register; and a detailed explanation of how the course(s) will improve your practice.

Course No./Title: _____

Credit Hours: _____

Course No./Title: _____

Credit Hours: _____

Course No./Title: _____

Credit Hours: _____

Dates: Summer of 2024 through Spring of 2025

Total Credit Hours: _____

Employee Signature: _____ Date: _____

Principal/Supervisor Signature: _____

Date: _____

Superintendent Signature: _____

Date: _____

After completion of the course, return the following to Sula Flock in the Business Office for reimbursement:

1. A copy of this Course Reimbursement Form, with signatures;
2. An itemized bill for tuition and fees;
3. Bookstore receipt(s) for required texts;
4. A copy of the course grade report; and,
5. A completed Check Request Form (upon request, the school department can also make direct payment to the university).

FOR OFFICE USE ONLY:

Assistant Superintendent Signature: _____

Date: _____