

DELTON KELLOGG SCHOOLS
REQUEST FOR REIMBURSEMENT OF GRADUATE WORK

(Per Current Master Agreement)

INSTRUCTIONS: Submit this form for approval prior to taking any Course Work.

1. Teacher completes Section 1 and submits to Superintendent for approval.
2. Superintendent completes Section 2 and returns one copy to Principal, one copy to the Teacher, one copy to the Business Office, and one copy to the Association President.
3. When teacher has successfully completed Course Work, he/she completes Section 3 and returns it to the Business Office together with grade and proof of payment.

Section 1

Teacher Name _____ Building _____

Name of Graduate School _____

Course Description _____

Department _____ Course No. _____

Dates Taking _____ Location _____

_____ Semester Hours or _____ Term Hours TUITION AMT. \$ _____

Voluntary Credit Toward: Cont. Cert. Masters Specialist Doctorate

Required by Administration Reason _____

Section 2

Recommend Approval for Reimbursement

Do Not Recommend for Reimbursement

Reason _____

Superintendent's Signature _____ Date _____

Section 3

Submission for Reimbursement

I certify I have earned credit for the course described and attach evidence of completion and evidence of tuition cost payment for verification.

Teacher's Signature _____ Date _____