

To: Superintendent

Subject: **Request for Approval of Courses for Tuition for Administrators**

Date: _____

In accord with School Board Policy and the Act 93 agreement covering the District's employment of its Act 93 employees, I have registered for the following course(s) at _____
College/University

Number	Name	Credits	Date of Attendance

Credits are toward *(please check appropriate box)*

Bachelors' Master's Degree Doctorate Field of Instruction

Upon request, evidence of program approval may replace separate pre-approval by course

Please accept this as my request for pre-approval for tuition reimbursement. Intending to be legally bound, I agree and acknowledge that I will be legally obligated to repay all amounts paid to me, or on my behalf, pursuant to this request unless I remain employed by the District for at least two (2) full school years after the completion of a reimbursed class. I will not be required to repay the District if my employment ends because of furlough (layoff), retirement into the PSERS system, or dismissal. I hereby authorize the District to withhold monies from my final paycheck if I have not satisfied any repayment obligation arising out of this reimbursement request, though it is not limited to doing so in its collection efforts.

Name (Please Print) _____

Signature _____

Date _____

Building _____

Superintendent _____

Approval _____

Date

Disapproval _____ Reason _____

Maximum number of credits to be reimbursed during a **calendar** year is (12) twelve. You have had _____ credits pre-approved for the year 20__.