Defiance City Schools
Tuition Reimbursement Form
Updated 12/17/09

Name:_____ Date:_____

Building where employed:_____

Present position:_____

Name of Course(s):_____

Credit hours (Semester or Quarter hours):_____

Brief Course(s) description:_____

_____

Purpose for taking course(s):

Recertification:_____ Approved Degree Program:_____

Do you believe these hours will qualify for tuition reimbursement per the current contract language? _____yes _____no

Do you believe these hours will qualify you for a change in salary placement per the current contract language? _____yes _____no

If so, from which of the following will these hours advance you to?

_____ BA to BA+15 _____ BA+15 to 150 hours

_____ 150 to MA _____ MA to MA+15

_____ MA+15 to MA+30

At what College will this course(s) be taken at?_____

When will this course work begin?_____

Approval for tuition reimbursement per contract language:

_____ _____
Superintendent Date