

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