



Ayer Shirley Regional School District

Tuition Reimbursement Request Form

If approved by the Superintendent, the School Committee will pay up to \$800 per fiscal year for per credit cost of graduate courses or other self-improvement. To be reimbursed, the Superintendent must approve the request **BEFORE** the course begins.

Employee's Name: _____ Date: _____

School: _____

Job Responsibility (Grade/Subject/Position): _____

Name of College/University: _____

Term of Course (fall, winter, spring, summer): _____

Course Begins: _____ Ends: _____

Name of Course: _____

Level of Course (Graduate/Undergraduate): _____

Number of Credit Hours: _____ Course Code: _____

Purpose for Taking Course: _____

Please indicate the tuition amount:

Tuition amount per credit hour: _____

Number of hours: _____

Total Reimbursement Request: _____

Signature of Employee: _____

Signature of Principal: _____

***** Please have this signed by your Principal BEFORE sending it to the Assistant Superintendent.**

Signature of Assistant Superintendent: _____

To receive reimbursement, the following items **MUST** be turned in with this form:

- A transcript showing satisfactory completion of the course
- A copy of your method of payment (credit card, cancelled check, etc.)
- A copy of your approved "Request for a Professional Course" form