

**Paraprofessional Tuition Reimbursement
for Undergraduate Course in Teacher Education Program**

Name:			
Address (Full):			
Paraprofessional Position:			
School:			



Dates of Course:			
From: M/D/Y		To: M/D/Y	
Name of College/University:			
Course Title:			
Course Number:		Number of Credits:	
		Date of Request:	



Paraprofessional shall check the appropriate responses below (#1-4):

1. Proof of high school diploma
 - Was provided
 - Will be provided (submit official high school transcript)

2. Proof of accreditation of college in which course will be taken
 - Was provided
 - Will be provided

3. Proof of computer related college course
 - Transcript was provided
 - Transcript will be provided

4. Letter verifying enrollment in teacher education program
 - Was provided
 - Will be provided



Pre-approval is granted, subject to the terms and conditions of the current Agreement.

Signature of Director of Human Resources/Designee

Date



For District Use Only:

Date official transcript received		Grade received	
Date tuition receipt received		Amount of receipt	\$
Reimbursement per credit	\$	Total reimbursement paid	\$
Credits registered by		Copy to Payroll	

Remarks: