MABANK INDEPENDENT SCHOOL DISTRICT POTENTIAL TEACHER PROGRAM

COLLEGE TUITION REIMBURSEMENT REQUEST

(\$1,500 MAXIMUM REIMBURSEMENT PER FALL AND SPRING SEMESTER)

Tuition reimbursement approval is conditional upon the following:

- Must be a current MISD employee
- Must be actively enrolled/registered in coursework at the beginning of the Fall and Spring semesters
- Must submit completed tuition reimbursement request with supporting documents before January 31st (Fall Semester) or June 30th (Spring Semester)
- Tuition reimbursements are designated for degree plans that will transition to a teaching certification
- Reimbursement is contingent upon successful completion of college coursework and continued employment

Printed Legal Name:	
College Attended:	_ Area of Study (Major):
Semester Attended (circle one): FALL / SPRING	Semester Year:
Semester Tuition Expense*:	_ Hours Completed*:
Supporting Documentation Attached (circle one): YES	/ NO
* Receipt of payment and unofficial transcription Request Form supporting the requestion MISD Human Resour	ot must be remitted with Reimbursement est for tuition reimbursement to
OFFICE USI	·
Human Resources Approval Signature:	Date:
Business Office Approval Signature:	Date:
Account Code:	Invoice #:

Initials	Acknowledgement Statement	
	I understand the tuition reimbursement is for the purpose of becoming a certified classroom teacher.	
	I understand the tuition reimbursement is to assist in tuition cost for degree coursework.	
	I understand that I must provide receipt of tuition payment and transcript records by the specified	
	deadline to qualify for tuition reimbursement.	
	I understand the tuition reimbursement will reimburse up to \$1500 for fall and up to \$1500 for spring	
	semesters at specific intervals after providing record of successfully completing degree coursework.	
	I understand that I must be an active MISD employee to receive the tuition reimbursement.	
	I understand that I am expected to commit a minimum of two years to MISD in a teaching assignment	
after completing my degree.		

Attestation:	
will be true and accurate. I further understand the purpose	nt expectations and that all records I provide for consideration e of the reimbursement program is to assist me in becoming a service as a classroom teacher to the students of Mabank ISD.
Signature:	Date: