WILSON AREA SCHOOL DISTRICT
REQUEST FOR GRADUATE COURSE APPROVAL
TUITION REIMBURSEMENT

Please present two (2) copies of this form to the Superintendent’s Office before enrolling.

Name ____________________________________________ Date ________________________

Dates of Enrollment ________________________ College or University ___________________

Description of Work (course name, number, credits) ___________________________________

______________________________________________________________________________

Approval of Enrollment ______________________________ Date ________________________

Superintendent

After completing the above work:

(1) return approved request form, receipted invoice and a transcript showing satisfactory completion of courses;

(2) reimbursement is based on 100% of East Stroudsburg University’s tuition rate, subject to the following limitations:

(a) Maximum reimbursement per teacher will be for twelve (12) credits completed during a particular contract year (Sept. 1 – Aug. 31), until the attainment of thirty-six (36) credits.

(b) Reimbursement after the attainment of thirty-six (36) reimbursed graduate credits will be limited to six (6) graduate credits within every five (5) year period, so that the professional employee can meet the State’s continuing education requirement.

(c) Professional employees must be on the staff of the Wilson Area School District at time of enrollment and at time of reimbursement.

(d) Reimbursement will be made to the employee provided that the employee has received at least a grade of “B” when all necessary information has been completed and received by the Central Office. If all the required paperwork is received by the 20th of the month, reimbursement approval will be made at the next regularly scheduled Board meeting that authorizes bill payment. Checks will be sent to the employee within two (2) days following Board approval.

(e) Graduate credits to be reimbursed taken from institutions not recognized on the District’s higher education institution list must be pre-approved by the Superintendent and his/her’s decision is final.

OFFICE USE ONLY

Date Grades
Receipt Received Credits Received Amount

Reimbursed Date Paid Check No.

Approval of Payment ______________________________

Superintendent

Date __________________________