

REQUEST FOR TUITION REIMBURSEMENT*
(for full-time teachers/assistants holding a Virginia Teaching License)

Return form to: Director of Finance, RCPS

Teacher's Name

School

Highest Degree Earned/Endorsements

Address

Grade/ Subject(s) Taught

Course Title

Course No.

Course Credits

College or University

Cost of Tuition \$

Class Begins _____ / _____ / _____
month / day / year

Class Ends _____ / _____ / _____
month / day / year

I understand that tuition reimbursement is currently only for recertification. This is my FIRST/SECOND (circle) request for reimbursement during my five-year renewal cycle. (If this is your second class, when was the first class taken _____).

I understand that approval for tuition reimbursement must be approved prior to taking the course. I certify that I hold a Virginia Teaching License and will be employed full-time during the time in which reimbursement is requested.

I understand if my request for tuition reimbursement is approved, I must pay the full tuition to the college or university at the time of enrollment. Upon completion of the course, I will submit a memo requesting reimbursement and include a copy of my tuition receipt and grade report or transcript to the Director of Finance. I understand this memo must be sent within one month of completion of the course. Failure to request reimbursement in a timely manner may result in forfeiture of my reimbursement.

Signature of Applicant

Date

Signature of Principal/Asst. Principal

Date

Your request for tuition reimbursement is:

Comments: _____ Approved _____ Not Approved

Director of Finance

Date

If you decide to drop the course, please notify this office immediately (564-3242). For reimbursement, any change from the approved course must be approved by the school administrator and the office of the Director of Finance prior to class registration.