TUITION REIMBURSEMENT FORM

You must receive approval prior to the first session of the course for tuition costs to be reimbursed

First Name: Monet

Last Name: XChange

Employee ID: 12345 **Position :** Teacher

Location : Heritage High

Race: Black

Employee Classification:

- ○ VA Licensed Teacher (CP, TP, PGP or PPS)
- ○ Associate Teacher
- ◉ Provisionally-licensed teacher
- ○ Licensed Administrator
- ○ Educational Support personnel

College/University or Exam Provider : iTeach

Course / Exam Number : iTeach

CourseTitle / Exam Title : iTeach

Semester Hours: na ○ **Undergraduate Course** ◉ **Graduate Course**

Course Begin Date: mm/dd/yyyy Insert the dates that apply to your request

Course End Date: mm/dd/yyyy

Tuition Cost (not to include cost of fees or materials)**:** $

Reason for Course (check all that apply):

- ☑ Obtain professional teaching license
- ☐ Continuing Education Certification
- ☐ License renewal
- ☐ Additional teaching endorsement
- ☐ Administrative/supervisory licensure
- ☐ Part of degree program