

## TUITION REIMBURSEMENT FORM

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

First Name:

Last Name:

Employee ID:  Position:

Location:

Race:

**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:

Course / Exam Number:

CourseTitle / Exam Title:

Semester Hours:  ☐ Undergraduate Course ☐ Graduate Course

Course Begin Date:  ☐

Since this is a test, the start and end dates should be the same.

Course End Date:  ☐

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

*For tuition reimbursement, the employee must submit this form documenting approval, a grade report and/or transcript, and written documentation of the tuition payment to the Department Of Human Resources within thirty (30) days after successful completion of the course. Exceptions to this may be granted only when the grade report is not made available by the college within thirty (30) days and the employee has requested an extension in writing within this thirty (30) day period. NOTE: Under federal tax regulations, reimbursement for coursework may be taxable as per current IRS regulations.*

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
I am in the "Journey to Teaching" Program  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

I certify that the information provided on this form is accurate

(enter initials to sign):