

BUCKEYE LOCAL SCHOOL DISTRICT

School Year: _____

Date: _____

To: _____

Building: _____

We have received your application for a request for Professional Improvement through additional Graduate Credit Hours only.

It appears that the courses listed on your application qualify for reimbursement. It is your responsibility to meet all the requirements of Article XVI, Section 16.02 - Reimbursement for Graduate Studies.

The following courses listed on your application are not considered to be () in your assigned field () are not graduate courses and, therefore do not qualify for reimbursement.

We would like to remind you that an official transcript or grade sheet for the Graduate course applied for, showing you have satisfactorily completed the Graduate Course(s), must be on file in the Superintendent's Office, before your application can be considered for reimbursement. Proof of tuition payment must accompany grade information.

Failure to meet all requirements as set forth in Article XVI, Section 16.02 deems approval null and void.

Sincerely,

Mark S. Miller
Superintendent

BUCKEYE LOCAL SCHOOL DISTRICT

APPLICATION FOR PROFESSIONAL IMPROVEMENT THROUGH GRADUATE CREDIT HOURS

NAME: _____

ADDRESS: _____

PRESENT ASSIGNMENT

School: _____ Grade, Subject, Other: _____

DEGREE INFORMATION:

Undergraduate degree: _____ College or University: _____

Number of graduate hours completed to date: _____ Since June 1: _____

COURSEWORK FOR WHICH REQUEST IS MADE:

College or University: _____

Dates of Attendance: _____

EXACT TITLE(S) OF COURSE(S) TO BE COMPLETED: Credit Hours: Fees Charged:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment will be made in accordance with Article XVI, Section 16.02 of the Negotiated Agreement. Request for payment must include: official transcript or grade sheet and verification of payment amount (canceled check or invoice)

Maximum reimbursement per school year: \$592.00 (Classes beginning on or after July 1 will be allocated to the school year beginning immediately thereafter)

DO NOT WRITE BELOW THIS LINE: _____

Course work was satisfactorily completed and was in applicant's assigned field.

Official transcript is on file in Superintendent's Office: _____ Yes _____ No

Number of approved credit hours completed: _____

Amount approved for payment: \$ _____

Superintendent of Schools

Date

Approved

Disapproved