

*This form begins the process of tuition reimbursement. Submit this form when you are thinking of taking a course. You do not need to verify your expenses at this point. Upon approval, you will receive a copy of this form and the required pink form (Request for Tuition Reimbursement).*

REGIONAL SCHOOL DISTRICT #18  
OLD LYME, CONNECTICUT

SUBJECT: Request for Course Approval and Tuition Reimbursement

1. NAME OF SCHOOL OR COLLEGE \_\_\_\_\_

2. COURSE NUMBER AND TITLE \_\_\_\_\_

3. STARTING DATE: \_\_\_/\_\_\_/\_\_\_      ENDING DATE: \_\_\_/\_\_\_/\_\_\_

4. CATALOG DESCRIPTION OR STATEMENT REGARDING THE VALUE OF THE COURSE TO THE SCHOOL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. BASIS FOR REQUEST

--This course is directly related to my teaching assignment      YES \_\_\_\_\_ NO \_\_\_\_\_

--This course is part of an approved planned program      YES \_\_\_\_\_ NO \_\_\_\_\_

--A copy of the planned program is on file in the Office of the Superintendent      YES \_\_\_\_\_ NO \_\_\_\_\_

6. PROJECTED TUITION COST: \$ \_\_\_\_\_

NOTE: Verification of your actual costs will need to be submitted at the time you request your 75% reimbursement (submission of PINK FORM).

7. Do you plan to submit this application to the Career Incentive Committee in order to request a tuition loan? (Check one)      \_\_\_ Yes      \_\_\_ No

DATE SUBMITTED: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Signature of Applicant

=====

APPROVED \_\_\_\_\_

NOT APPROVED \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Superintendent of Schools

REGIONAL SCHOOL DISTRICT #18  
OLD LYME, CONNECTICUT

REQUEST FOR TUITION REIMBURSEMENT

COURSE \_\_\_\_\_  
(NUMBER AND TITLE)

AT \_\_\_\_\_  
(NAME OF SCHOOL)

WAS SUCCESSFULLY COMPLETED ON \_\_\_\_\_  
(DATE)

TUITION FOR THE COURSE WAS \$ \_\_\_\_\_

REIMBURSEMENT (75%) \$ \_\_\_\_\_

NOTE: You must attach a photocopy of the registration or confirmation form you submitted to the college/university **with the charges you paid clearly delineated**. If you registered by phone or fax, please attach a copy of the course confirmation form you received.

**I agree that if I accept 75% reimbursement for the tuition of a course in the area of my teaching assignment and/or in a planned approved program that I will remain in the service of Regional School District #18 for two years or repay the Board of Education the amount of this reimbursement.**

\_\_\_\_ Form itemizing your actual charges is attached.

DATE SUBMITTED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Signature of Applicant

===== (Business Office) =====

PAYMENT \$ \_\_\_\_\_

PAYROLL: \_\_\_\_\_

CODE: \_\_\_\_\_

CHECK #: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_