

**Tuition Reimbursement Request
Sweetwater County School District #2**

Name: _____ Date of Request: _____

Name of Course: _____

Name of Institution Offering Course: _____

Location of Course: _____

Date Course Begins: _____ Date Course Ends: _____

Number of Credits Requested (maximum of 4 per fiscal year): _____

Cost of one credit: _____ Applying for: _____ Undergraduate _____ Graduate Level

Brief description of class and how it applies to your job assignment:

How do you plan to share this information with others in the district?

Applicant's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

(Reason for non-approval needs to be attached.)

*Reimbursement will be paid after the class has been completed, with proof of attendance and copy of receipt. No reimbursement will be made if the employee uses a tuition waiver, building funds, district funds or a grant to pay for the course. The district will pay credit hours per fiscal year per the following schedule:
Up to \$35 per credit for site extension classes (2 hour maximum in a fiscal year)
Up to \$80 per credit for college and university credits (undergraduate). (4 hours maximum in a fiscal year).
Up to \$120 per credit for graduate courses taken as part of an approved graduate program (4 hours maximum in a fiscal year)