



“Building a Foundation for Lifelong Learning”

# CECIL COUNTY PUBLIC SCHOOLS

HUMAN RESOURCES/BENEFITS OFFICE

GEORGE WASHINGTON CARVER EDUCATION LEADERSHIP CENTER  
201 BOOTH STREET • ELKTON, MD 21921

phone: 410.996.5415 • fax: 410.996.1051

## Administrators and Supervisors

### REQUEST FOR TUITION REIMBURSEMENT

The Board will reimburse a unit member \$245 per semester hour of credit, not to exceed a maximum in any one fiscal year of \$1,470, provided the amount of reimbursement shall not exceed the actual cost of tuition. To be eligible for reimbursement, the applicant must be an employee of the Board at the time the course is taken and at the time the reimbursement is requested and paid. These credits must be applicable to a planned program (see 1-4 below).

To receive reimbursement payment, a grade of “C” or above is required. **Reimbursement forms, accompanied by official grade slips or transcripts, must be submitted within sixty (60) days following completion of a course.** Reimbursement will be calculated at the rate in effect at the commencement of the course. Tuition reimbursement requests are generally processed within twenty workdays following receipt of the completed application.

Please circle the number below, which indicates your planned program:

1. Master’s Degree: A planned program of collegiate study approved by the Maryland State Department of Education
2. Master’s Degree + 30: A planned program consisting of not less than 30 semester hours of collegiate study (graduate level) in addition to credits required for the Master’s degree.
3. Master’s Degree + 60: A planned program consisting of not less than 60 semester hours of collegiate study (graduate level) in addition to credits required for the Master’s degree.
4. Earned Doctorate – A planned program consisting of not less than 60 semester hours of collegiate study beyond the Master’s degree.

Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_ School: \_\_\_\_\_

College Where Credits Were Earned: \_\_\_\_\_ Cost per Credit Hour \$ \_\_\_\_\_  
(please provide a copy of registration receipt)

Semester Course(s) was taken: Fall \_\_\_ Winter \_\_\_ Spring \_\_\_ Summer \_\_\_ Original Grade Report is attached: Yes \_\_\_ No \_\_\_  
(required for reimbursement)

Highest Degree Held (check one): \_\_\_ BS \_\_\_ MS \_\_\_ Doctorate Do you hold an Advanced Professional Certificate? Yes \_\_\_ No \_\_\_

List courses for which you are requesting reimbursement. (Maximum 2 courses per form)

Course No.	Course Name	No. Credits	Grade

### \*\*\*TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES\*\*\*

REIMBURSEMENT RATE: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

Date: \_\_\_\_\_

Tuition Reimbursement being held for \_\_\_\_\_ school year

**Our Mission:** to provide an excellent pre-kindergarten through graduation learning experience that enables ALL students to demonstrate the skills, knowledge, and attitudes required for lifelong learning and productive citizenship in an ever-changing global society.