Revised 7/2020

## Killingly Public Schools P.O. Box 210, 79 Westfield Ave. Danielson, CT 06239

**Teachers** Request for Education Credit/Course Reimbursement

## Form I

(To be completed **prior** to taking coursework- **ONE** COURSE PER FORM)

Per Article 33.1 – Reimbursement shall not be for course work necessary towards a Master's Degree.

As stipulated in Article 33—Educational Credits, I request approval to take the following course and to be reimbursed at the successful completion. This is **not** course work necessary towards a Master's Degree.

The obligation of the Board of Education shall not	exceed \$15,000 per fiscal year.
Name of Teacher	Position
Title of Course	se description or brochure)
(Attach cours	<mark>se description or brochure)</mark>
Number of Credits	Date that course begins
College or University	
Cost of Tuition (Board to pay up to \$250/o	credit)
Costs of texts, materials, etc. (Board to pay 50% of cost	up to \$100 per course)
Relationship of course to current assignment	ent
Date	Signature
•••••	Principal's Approval
I recommend approval of this request.	
Date	Principal Signature
	Central Office Only
Your request for course approval as outlined a	above is approved provided that all contractual conditions are met.
Approximate amount of reimbursement:	Tuition:
	Other:For textbooks, on Form II, please provide original receipt and
	Total:
	d to cental office upon completion of this course with the following; edits earned and receipt/statement showing payment for the cost of
Date Asst	z. Superintendent