

**EAST DUBUQUE  
TUITION REIMBURSEMENT & SALARY ADVANCEMENT**

Name: \_\_\_\_\_

- a. Enrolled in a Masters Degree Program? *(if no skip to letter d)*    Yes\_\_\_    No\_\_\_  
 b. Start Date of Masters Degree Program?    \_\_\_\_\_  
 c. Requesting Tuition Reimbursement?    Yes\_\_\_    No\_\_\_  
 d. Requesting Advancement on Salary Schedule?    Yes\_\_\_    No\_\_\_

University or College: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Date of Class: \_\_\_\_\_                      Number of Credits: \_\_\_\_\_

University or College: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Date of Class: \_\_\_\_\_                      Number of Credits: \_\_\_\_\_

**Tuition Reimbursement Calculation:**

*Reimbursement will be one half of the cost per credit hour up to \$200.00 per credit hour.*

$$\begin{array}{ccc}
 \$ \underline{\hspace{2cm}} & (X) \ 50\% = \$ & \underline{\hspace{2cm}} \\
 \text{Cost per credit} & & \text{Per credit reimbursement} \\
 & & (\$200.00 \text{ maximum})
 \end{array}$$



$$(X) \ \underline{\hspace{1cm}} \ = \ \$ \ \underline{\hspace{1cm}} \\
 \text{\# of Credits} \qquad \qquad \text{Tuition Reimbursement}$$

A copy of your billing statement must be attached and an official transcript must be sent to the District Office upon completion of the course.

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date