

CERTIFIED STAFF COLLEGE COURSE APPROVAL

NAME OF TEACHER _____ **DATE:** _____

COLLEGE OR UNIVERSITY ATTENDING: _____

If requested, I understand that I must provide documentation that the college or university is recognized and accredited to provide teacher training and/or certification courses in the State of Illinois

COURSE NAME & NO.: _____

SEMESTER HOURS OF CREDIT: _____ (please attach course description)

When course meets: _____ Fall _____ Spring _____ Summer 20_____

Class Begin Date: _____ Class End Date: _____

Is this an Internet based class: _____ Yes _____ No.

(If yes, please review the limitations on these classes in the collective bargaining agreement.)

The above course meets the following criteria for approval of tuition payment reimbursement of up to the current ISU graduate rate per semester hour.

The total tuition (not fees) I paid for this course was \$_____ per semester hour.

- _____ 1. The course is part of an approved M.S. Ed. Program in an area of education.
- _____ 2. The course is an upper division (300 or 400) or graduate level course in a content area in which the teacher already holds an approved major or minor of at least 21 semester hours.
- _____ 3. Is a course required by the teacher to qualify for additional content area certification when the teacher is requested to obtain such certification by the school district, or is required to meet ISBE recertification requirements.
- _____ 4. Is a course that will give the teacher information concerning up to date teaching methods and/or new technology related to teaching.

The above college course has been approved for tuition reimbursement _____, for advancement on the salary schedule _____, as covered in the collective bargaining agreement between the Rankin Association of Teachers and the Rankin Community School District #98 Board of Education.

Date

Superintendent of Schools

*Total tuition reimbursement due: \$_____ Date paid: _____

*The District will reimburse employees for up to 9 graduate semester hours per year for traditional or courses **approved by the Superintendent in advance of registration**. The limit will increase to 15 graduate semester hours per year for courses taken as part of an approved Master's Program. Upon presentation to the District of an invoice or bill from the University for an approved course, the District will reimburse the teacher at the next Accounts Payable. **Teachers must provide the district their official grade report within 60 days** of the conclusion of the class/term. Teachers who receive a grade of D or F, withdraw or drop the class, or do not complete the class will fully reimburse the District immediately. Additionally, for summer enrollments, the teacher must return to the District for the following school year or they must fully reimburse the District. The District will maintain this prepayment benefit until such time as unreimbursed expenses meets or exceeds five hundred dollars (\$500.00)

Office use only Receipt received _____ Grade report recorded _____ Grade earned _____
Tuition reimbursed _____ Advance on Salary Schedule _____