

Braintree Public Schools

Increment Credit / Tuition Course Approval / Tuition Reimbursement

Fill out and submit two (2) copies to the Assistant Superintendent 30 days prior to the initiation of the course of study or activity. One copy will be returned to you upon approval.

Name: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Field of Certification: \_\_\_\_\_

Application for: (Please check all appropriate categories.)

<input type="checkbox"/> Course Approval for tuition reimbursement (Attach course description.) <input type="checkbox"/> Increment Credit: <input type="checkbox"/> In Field <input type="checkbox"/> Out of Field (Attach course description. Credit will be awarded upon submission of transcripts.) <input type="checkbox"/> Tuition Reimbursement (Proof of payment and transcripts are required.)
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Title of Course: \_\_\_\_\_

Institution/Provider: \_\_\_\_\_ Semester:  Summer  Fall  Spring

Total Number of Credits: \_\_\_\_\_ Cost of Course: \_\_\_\_\_ Course Start Date: \_\_\_\_\_

Is This Course Part of a Planned Degree Program?:  Yes  No Graduate Level:  Yes  No

Is this an on-line course?  Yes  No

Master's Degree  CAGS  Master's +30  Master's +45  Master's +60

Course Approved for:  Increment Credit  Tuition Reimbursement

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

Assistant Superintendent

**For Tuition Reimbursement:**

Resubmit signed approval form. Please attach official transcript and proof of payment (cancelled check or copy of credit card statement). Reimbursements will not be made for a course unless a grade of B or better is attained. If requests are greater than the allocated amount, reimbursement will be based on a percentage as identified in the agreement between the Braintree School Committee and the Braintree Education Association, article 25, section 3. All reimbursements will be made in June.

Application Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Superintendent

Reason If Not Approved: \_\_\_\_\_

Tuition Reimbursement Amount: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed By Increment Committee:**

Approved: In-field: \_\_\_\_\_ Out of Field: \_\_\_\_\_ Date: \_\_\_\_\_

Technology Course: \_\_\_\_\_ Special Education Course: \_\_\_\_\_