

CECIL COUNTY PUBLIC SCHOOLS

Graduate Course Direct Payment Request Form

Name: _____ Employee ID#: _____

Term: ☐ Fall ☐ Winter ☐ Spring ☐ Summer CCPS School/Location: _____

Teaching Assignment & Certificate Held: _____

All classes must be pre-approved in order to receive direct bill payment.

Teacher/Administrator Reimbursement Rate - \$483 per credit hour (max. \$4347.00 per calendar year)

The tuition reimbursement cycle runs January 1–December 31. **Benefits are calculated on a calendar year and reimbursements will be counted against the calendar year in which the school actually receives payment.**

College/University:

- | | | | |
|---|--|-----------------------------------|---|
| <input type="checkbox"/> Chesapeake College | <input type="checkbox"/> Goucher | <input type="checkbox"/> McDaniel | <input type="checkbox"/> Moreland University |
| <input type="checkbox"/> Stevenson University | <input type="checkbox"/> RTC (LaSalle) | <input type="checkbox"/> Towson | <input type="checkbox"/> University of Phoenix Online |

Course #, Name, & # of Credits: _____

Course #, Name, & # of Credits: _____

Course #, Name, & # of Credits: _____

Student Signature: _____ Date: _____

My signature verified that I understand that Cecil County Public Schools will preapprove tuition up to the allotted amount as indicated above. Should course work exceed the allowed amount, I understand I am responsible for the remaining balance. If my final course grade is not a “C” or better, I understand that I will be responsible for payment to the college or university and that no monies will be reimbursed to me from Cecil County Public Schools. I also understand I am responsible for the registration fees, books and any other charges incurred. I understand the college/university will provide my original grade report to Cecil County Public Schools.

HR use only:

Processed By: _____ Date: _____