

CECIL COUNTY PUBLIC SCHOOLS
Graduate Course Direct Payment Request Form

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Goucher | <input type="checkbox"/> McDaniel | <input type="checkbox"/> Salisbury |
| <input type="checkbox"/> Chesapeake College | <input type="checkbox"/> RTC (LaSalle) | <input type="checkbox"/> Towson |

Name: _____ Employee ID#: _____

Term: _____ CCPS School/Location: _____

Teaching Assignment & Certificate Held: _____

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

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

I understand Cecil County Public Schools will pre-approve 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.

Cecil County Public Schools 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 ****

Course #, Name, & # of Credits: _____
(only one class per form)

Student Signature: _____ Date: _____

Processed By: _____ Date: _____

Approval Signature: _____ Date: _____