

WINTHROP PUBLIC SCHOOLS WINTHROP, MASSACHUSETTS

COURSE REIMBURSEMENT FORM

Prior to the receipt of reimbursement for your course, please complete and submit the following to the Superintendent's Office. Incomplete paperwork will be returned.

NAME				DATE		
please print clear	ly					
SCHOOL EMPLOYED	AT:	WPG	ATC	WMS	WHS	
CURRENT STEP & LA	NE:					
TENURE:	PROFESSION	NAL STATUS	NON-PROFESSIONAL STATUS			
COURSE TITLE						
COURSE NUMBER						
COLLEGE						
DATE COURSE APPRO	OVED		_DATE COUI	RSE COMPLETED)	
NUMBER OF CREDIT HOURSCOST PER CREDIT HOUR \$					\$	
REGISTRATION FEE (if applicable)\$				TOTAL\$		
SUPERINTENDEN	T'S OFFICI	E MUST HAV	VE THE FOL	LOWING TO PR	OCEED WITH	
		<u>REIMBUI</u>	RSEMENT:			
1.	An official transcript with a mark of B or better.					
2.	2. A copy of check or method of payment.					
3.	Course Reimbursement Form completely filled out.					
4.	Copy of Course Approval Form signed by the Superintendent					
FOR OFFICE USE ON	LY					
1. % REIMBURSEMENT				Tenure Teacher: 90% of total		
2. AMOUNT OF REIMBURSEMENT				Non-tenure T	Feacher: 75% of total	

As per Teachers' Contact Article XIV, Section 10, Committee will reimburse tuition cost according to State College (\$383.00), and a \$150.00 cap on registration, up to nine (9) full credit hours during the fiscal year.

Reimbursements are sent out in October (cut off date 9/15), March (cut off date 2/15) and June (cut off date 6/15). June payments will be made for first course and for second or third courses, if there is money available.