

## LINDEN PUBLIC SCHOOLS OFFICE OF SUPERINTENDENT

## **Tuition Reimbursement**

HR Office Use Only:	
Approved for study	Not approved for study
Approved for reimbursement	Not approved for reimbursement
Approved for degree change	Not approved for degree change

**Date** 

ear:	Semes	ter:		
College/University Attending:				
Graduate Program of Study:				
Accredited Through:				
anticipate my degree to be conferred or credit of	completed by (n	nonth/year)		
Reason for study: How is this relevant to your pra	actice?			
	NO. OF	MASTER'S	COST PER	TOTAL
COURSE NAME/COURSE NUMBER	CREDITS	DEGREE/MA+30	CREDIT	TUITION
dherence with contractual language.  Please review contract before submitting. It  Please Note:	can be found in		46-48 of the negoti	ated agreement
Please review contractual language.  Please review contract before submitting. It  Please Note:  Due Dates: Fall Semester (September 30 <sup>th</sup> );  The maximum number of credits for which in any event, not more than twelve (12) creshall be exempt from the semester maximum.  Once your course of study is completed and the Superintendent's Office.  Degree Change due January 15th for next of the Superintendent's Office.  *OFFICIAL transcripts (sealed) with definition of the Superintendent's Office.	Winter/Spring Sh reimbursemer edits in any conum. Indicate the trial tri	Semesters(February 15 <sup>th</sup> at will be made shall be tract year (July 1 – June d, submit an official trarract year tract ye	e); Summer Semestors (6) credits in a ce 30). Summer semestors and proof ce CLOW* separate for fice of the Superior (1).	er (July 15 <sup>th</sup> )  ny semester, but nester credits  of payment to to the comment of the comment o
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