KEYSTONE SCHOOL DISTRICT

Knox, Pennsylvania 16232

TUITION REIMBURSEMENT
SUPERINTENDENT'S PRIOR APPROVAL

I, _____
hereby request the Superintendent's prior approval of tuition fees as provided in the Negotiated Agreement.

Name of Educational Institution _____

Type of Program:
- **_____ Permanent Certification**
- **_____ Area of Certification**
- **_____ Pre-Approved Masters (Letter from college certifying admission to Master's Degree Program is required.)**
- **_____ Other Educational Areas Directly Related to Improvement of Professional Performance**

Description of Courses (List each course separately):

Course Number	Course Description	Number of Credits

Course begins_____, 20_____ and ends _____, 20____

Tuition Reimbursement Per Credit will be determined as to how many credits have previously been paid during the fiscal year.

Signature _____ Date _____

SUPERINTENDENT'S ACTION

Approved _____ Rejected _____ Date _____

Comments _____
_____
_____
Superintendent's Signature _____

Rev. 8/2013