

Title II Tuition Reimbursement Agreement

**Reimbursement Process:**

Upon completion of the course, applicant must submit legible copies of the following:

* College/University invoice or statement indicating fees charged and the amount paid (the invoice must contain the College/University name and address. Copies of canceled checks and credit card receipts will not be accepted);
* College/university grade card/report indicating the applicant’s name, quarter/semester, course name(s) and grade(s) for the term.
* College or University Catalog excerpt, outlining degree requirements
* Title II Payment Request
* Title II Reimbursement Agreement
* Title II Conference/Course Evaluation

Name:

College/University:

Degree:

Class:

Credit Hours:

Grade:

**Statement of Understanding:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the Title II Tuition Reimbursement Policy and Procedures agreed to, during nonpublic consultation process, that has been provided to me by St. Louis Public Schools, and understand that I must remain employed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the next two academic school years from the date of reimbursement. I agree that if I fail to remain employed at the above named school for any reason other than involuntary staff reductions initiated by the school, I will be responsible to pay the above named school the amount of tuition reimbursed to me, and, if necessary, all costs of collecting monies paid, including court costs, collection agency fees, and attorney fees.

Name

School

Signature of Applicant Date:

Signature of Principal/Administrator Date: