

PLEASANT HILL SCHOOL DISTRICT NO. 1 36386 Highway 58, Pleasant Hill OR 97455 PHONE: 541-746-9646 FAX: 541-746-2537 www.pleasanthill.k12.or.us

COLLEGE TUITION APPLICATION FOR REIMBURSEMENT

Applicant: Date: Position and Building:	 Teachers, please determine the following: Priority Rating 1. Teachers without a 5th Year Certificate 2. Teachers with a 5th Year Certificate without a Master's Degree 3. Teachers with a Master's Degree 4. Late Applicants 			
 Course Content Criteria: 1) Course is consistent with District's long-range / strategic plan for improving student learning. 2) Course is consistent with Consolidated District Improvement Plan for improved student learning. 3) Course is consistent with site council-based plan for improving student learning. 				
College:				
Quarter/Term:FallWinterSp	oring	Summer		
Course Number and Title:	_ # Credits	Cost		
Course Number and Title:	# Credits	Cost		
Course Number and Title:	# Credits	Cost		
Reason for taking courses:				

Upon class completion, please submit your course grade and proof of payment for reimbursement to Accounts Payable Specialist. Only tuition is reimbursable. No payment will be made for class or school associated fees. Tuition reimbursement rates are based on the current U of O equivalent tuition to credit rate.

APPROVED	REJECTED		
Administrator's Signature		Date	
APPROVED	REJECTED		
Superintendent's Signature		Date	

APPLICATION IS DUE IN THE DISTRICT OFFICE THIRTY (30) DAYS PRIOR TO THE BEGINNING OF THE COURSE.