Freedom Area School District
Application for Graduate Reimbursement

Courses/Classes taken out of area of certification require prior written approval of the Superintendent to be eligible for reimbursement

Please Complete:

Employee's Name _____

Subject Area _____

Institution Attended _____

Graduate Program Enrolled _____

Course/Class Title(s) _____

_____

_____

_____

Attach second sheet if additional space is required

Area of Reimbursement Requested

Graduate Credits ($400.00 for every 3 hours/3 credits) _____credits

Masters (Circle one) Yes No

Doctorate (Circle One) Yes No

Official Transcript _____

No Grade below B in each subject _____

Master Program-Assigned Area _____

ATTACH OFFICIAL TRANSCRIPT- Internet transcript must show the number of credit hours

ATTACH COPY OF PAID TUITION RECEIPT OR CANCELLED CHECK SHOWING PAYMENT FOR ABOVE COURSE(S)

RETURN COMPLETED FORM TO THE ACCOUNTS PAYABLE COORDINATOR

Approved _____

Disapproved _____

_____

Diane Workman, Superintendent

Business Office Use only

Date of last payment _____Revised August 2022