

**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 \_\_\_\_\_

\_\_\_\_\_  
 Jeffrey A. Fuller, Superintendent

Business Office Use only

Date of last payment \_\_\_\_\_