

# MASON PUBLIC SCHOOLS

## Administrator Professional Improvement Reimbursement

\_\_\_\_\_  
Name

\_\_\_\_\_  
School

\_\_\_\_\_  
Course Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
University

\_\_\_\_\_  
Semester Hours

\_\_\_\_\_  
\*Grade or Proof of Completion

\$ \_\_\_\_\_  
\*Tuition

\$ \_\_\_\_\_  
\*Amount Requested

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved – Human Resource Director

\_\_\_\_\_  
Date

**\*NOTE: Receipt of payment in full for tuition AND grade or proof of completion MUST BE ATTACHED.**