

MASON PUBLIC SCHOOLS

Teacher Professional Improvement Reimbursement

Name

School

Course Number

Title

University

Semester Hours

***Grade or Proof of Completion**

\$ _____
***Tuition**

\$ _____
***Amount Requested (1/2 of Tuition)**

Signature

Date

Principal

Date

Approved – Human Resource Director

Date

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