Tuition Reimbursement Form

Marion Local Schools 2023-2024 School Year

2023-2 ***********************************	024 School 1 car ************************************
	First Masters
	First Masters:1 Qt. Hr \$240 1 Sem Hr \$300
	(Max \$960/yr.) $(Max $900/yr.)$
Teacher Name	
	2 nd Masters/Adv Deg or Non-Degree Prgm.
Name of College or University	1 Qt. Hr \$180 1 Sem Hr 260
	(Max \$540/yr.) (Max \$780/yr.)
Address	
	Attach syllabus and registration form
Name of Course	
Is the college/university fully accredited in	the State of Ohio?
	yes no
Year and date of class beginning	Year and date of class completion
Are currently enrolled in a degree program?	? if so
	$\overline{\text{Yes}} \overline{\text{No}} \overline{\text{Masters}}(+) \overline{\text{Specialist}} \overline{\text{Ph.D}}$
Return to: Mike Pohlman, Superinten	ident
	ear on form and a receipt for paying for the class perintendent before starting the class and
completing this form.	perintendent before starting the class and
Request approved	Request denied
Data	Companies and Circuit and
Date	Superintendent Signature