**Schoolcraft Community Schools**
**Application for College Reimbursements**

Please complete the following:

Name_____

Eligible classes completed: (Graduate level, between September 1 and August 1)

| **College** | **Section#** | **Class Name** | **Credit Hrs.** | **Cost/ Credit Hr** |
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**Total Cost_____**

Amount eligible for reimbursement_____

**You must attach the following; if we do not receive all the requested documentation we will not be able to process your reimbursement.**

1. **Transcript for each class**
2. **Detailed billing statement**
3. **Final grades (Must be at least a "B")**

What are the reasons for taking these classes? (Check as many as apply)

_____Continuing Teacher Certification requirement

_____M.A. Degree

_____M.A. + or Advanced Degree

_____Enhancement of professional qualifications

Date Submitted_____Signature_____