

LEXINGTON CITY SCHOOLS
HALF-TUITION REIMBURSEMENT PROGRAM
PROPOSAL AND CONTRACT

Name: _____ Date: _____

Address: _____

Current Assignment: _____ Current Degree: _____

_____ Level _____ Area(s)

Current License: _____

Anticipated License/Degree: _____

Anticipated Date of Completion: _____

Total Number of Credit Hours Completed to Date: _____

Please send verification from the college or university that you will attend of your acceptance to an approved program of study, which will lead to the degree or clear licensure area for your teaching area.

Beginning with the 2019-2020 school year, educators who are enrolled in an approved advanced degree program **in their current field of assignment** are eligible to receive one-half tuition reimbursement in an amount equal to one-half the highest tuition charged by a state-supported institution of higher learning (UNC system) for up to nine credit hours. Teacher assistants pursuing a Bachelor’s degree in education are eligible to receive one-half tuition reimbursement in an amount equal to one-half the highest tuition charged by a state-supported institution of higher learning (UNC system). LCS will not provide tuition reimbursement for courses leading to licensure as a principal or superintendent. Educators who receive approval are eligible to receive half-tuition based on the highest tuition charged at a UNC-system university. Financial aid must be reported and will be deducted from the tuition reimbursement total. Failure to report financial aid will disqualify the recipient from receiving any funds for tuition reimbursement. Tuition reimbursement received prior to discovery of financial aid must be repaid to Lexington City Schools. Teachers must pass the course(s) with a minimum grade of “C” in order to receive tuition reimbursement.

Rationale for Requesting Reimbursement: _____

In consideration for the reimbursement of tuition which is being made by the Lexington City Board of Education, the educator agrees to repay the amount in full in the event that he or she (a) does not complete the proposed course work satisfactorily or does not receive the anticipated degree; or (b) does not remain employed by the Lexington City Board of Education after receiving the degree or for one full and complete school year. The superintendent has the authority to waive this requirement under special circumstances.

Approved: _____ Date: _____
Educator _____
Principal _____
Superintendent _____

NOTE: Upon completion of each course taken, you must submit to the superintendent or designee (1) a copy of the receipt for tuition paid, and (2) a transcript or grade report of the work for which you are requesting reimbursement, along with (3) the TUITION REIMBURSEMENT REQUEST form.

Requests for reimbursement and appropriate paperwork must be submitted within 90 days of the completion of the course in order to qualify for reimbursement.

LEXINGTON CITY SCHOOLS
TUITION REIMBURSEMENT PROGRAM
HALF- TUITION
REIMBURSEMENT REQUEST

At this time, I wish to request tuition reimbursement for course work completed under my Proposal for Lexington City Schools Tuition Reimbursement Program submitted on _____. Attached is my receipt for tuition paid and a transcript or grade report of the work for which I am requesting reimbursement.

Name: _____ Date: _____

School: _____ Teaching Assignment: _____

Subject Area, Course Number, and Title of Course(s) for which I am requesting reimbursement: _____

Institution of Higher Learning Attended: _____

Number of Credit Hours (Semester) for Course: _____ Date Course(s) were completed:

_____ Total Number of Credit Hours Reimbursed to Date: _____

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In consideration for the reimbursement of tuition which is being made by the Lexington City Board of Education, the educator agrees to repay the amount in full in the event that he or she (a) does not complete the proposed course work satisfactorily or does not receive the anticipated degree; or (b) does not remain employed by the Lexington City Board of Education after receiving the degree or for one full and complete school year. The superintendent has the authority to waive this requirement under special circumstances.

Signature of Educator

Approved: _____
Date

By: _____
Superintendent or Designee

Amount of Reimbursement: _____

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