

Accelerated Tuition Reimbursement Program Verification Form
MONTGOMERY COUNTY PUBLIC SCHOOLS
 12900 Middlebrook Road, Suite 3305
 Germantown, Maryland 20874
 Phone: 301-601-0300
 Fax: 301-601-0308

**For Office of Organizational Development
 Use Only**

Date _____ OOD Reviewer _____
 Approved _____ Not Approved _____

INSTRUCTIONS

1. Tuition reimbursement is available to MCAASP, MCEA and SEIU Local 500 unit members. This form is to be completed for accelerated reimbursement (AR) programs only. AR programs are undergraduate/graduate programs that require completion of more than 9 credits per fiscal year (July 1 – June 30).
2. One form must be completed for each unit member and a copy of the unit member’s Program of Studies must be attached. If there are changes in the unit member’s Program of Studies (i.e. course name, course number, number of credits), a new form must be submitted.
3. Forms should be submitted prior to the completion of the first nine credits of the program.
4. Unit members must return or fax the forms to the address/fax listed above.
5. Submission of form does not constitute approval. Unit members will be notified of approval.
6. If the unit member withdraws from the program, it is his/her responsibility to notify the Office of Organizational Development of the change. Failure to do so may result in denial of future reimbursement requests.
7. The credits used for the accelerated tuition reimbursement will count toward your future reimbursement. Reimbursements shall not exceed 45 credits in 5 years. After the completion of the program, you will not be eligible for any additional reimbursement until you make-up the number of credits that you were reimbursed in of 9 credits per fiscal year. For example, if you are reimbursed for 18 credits in excess of the 9 credits per fiscal year that is normally allowed, then you will not be eligible for tuition reimbursement for the next two years after completing the program.

APPLICANT INFORMATION

Name: Last _____ First _____ MI _____
 Employee Identification Number _____
 MCPS Outlook E-Mail Address _____
 Current Mailing Address: Street _____
 City _____ State _____ ZIP Code _____
 MCPS Work Assignment: School/Location Name _____
 Job Title (if teacher, subject/grade) _____
 Supervisor _____
 Employee Organization MCAASP (A&S) MCEA (Teacher, Instructional Specialist) SEIU Local 500 (Supporting Services)
 College/University _____ Unit member’s Student Identification Number _____
 College/University Coordinator _____
 Coordinator Contact Info: E-mail _____ Phone: _____
 Program: _____ Program Start Date (mo./yr.) _____ Completion Date (mo./yr.) _____

COLLEGE/UNIVERSITY OFFICIAL COMPLETES THIS SECTION:

I verify that the above named applicant is in an accelerated studies program that requires completion of more than nine credits per fiscal year (July 1 – June 30). Completion of this program requires _____ total credit hours over a _____ year period.

Signature, *College/University Representative* _____ Date _____

APPLICANT’S SIGNATURE

I have read, understand and agree to the conditions of the Accelerated Tuition Reimbursement Program.

Signature, *Applicant* _____ Date _____