

Accelerated Tuition Reimbursement Process Verification

MONTGOMERY COUNTY PUBLIC SCHOOLS

Tuition Reimbursement

45 West Gude Drive, Suite 2100, Rockville, Maryland 20850 Phone: 301-315-7383

**For Office of Human Resources and
Development Use Only**

Date _____ Reviewer _____

Accepted _____ Not Accepted _____

INSTRUCTIONS

1. This form is to be completed for accelerated tuition reimbursement (ATR) programs only. ATR programs are undergraduate/graduate programs that **require** completion of more than nine (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 to the form.
3. Accelerated coursework **must be a requirement of the institution for the academic program.** After completing this form, please have the university coordinator for the academic program complete the bottom section, attesting to the requirement of acceleration and total required program credits.
4. Unit members must return completed forms to the address listed above, prior to the start of the academic program, and within the fiscal year for which you are requesting ATR.
5. If the unit member withdraws from the program, it is his/her responsibility to notify the Office of Human Resources and Development of the change. Failure to do so may result in denial of future reimbursement requests.
6. The credits used for accelerated tuition reimbursement, are credits that have been advanced over and above the negotiated 9 credits per year. These advanced credits will count towards future reimbursements. After the completion of the program, unit members will not be eligible for any additional reimbursement until advanced credits have been earned back.
7. If a unit member leaves MCPS prior to earning back advanced credits, MCPS will bill the unit member for any and all advanced credits.
8. In any case, total reimbursements shall not exceed 45 credits in five years.
9. **Submission of form does not constitute acceptance.** Unit members will be notified of acceptance via MCPS outlook email.

APPLICATION INFORMATION

Employee Identification Number: _____ Name: Last _____, First _____ MI _____

MCPS Outlook E-Mail Address: _____@mcpsmd.org

Current Postal Mailing Address: _____

MCPS Work Assignment: School/Location Number: _____

Job Title (if teacher, subject/grade): _____ Supervisor: _____

Circle Employee Organization: MCEA MCAAP/MCBOA SEIU

PROGRAM INFORMATION:

College/University: _____ University Student ID#: _____

College/University Coordinator Name: _____ Contact Number: _____

Coordinator Contact E-mail: _____

Program Name: _____ Program Start Date ____/____/____ Program Completion Date ____/____/____

COLLEGE/UNIVERSITY OFFICIAL COMPLETES THIS SECTION:

I verify that the above named applicant is in a program of studies that **requires** completion of more than (9) credits per fiscal year (July 1—June 30), and does not have an option to complete a similar program at this institution at a non-accelerated pace.

Completion of this program requires _____ total credit hours over _____ years or _____ months.

Signature, *College/University Coordinator* _____ Date: _____

APPLICANT’S SIGNATURE:

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

Applicant _____ Date: _____