



North Muskegon Public Schools

Application for Reimbursement of Educational Expenses

Instructions: Attach an official transcript or grade card and evidence of payment (cost) to this form and submit to the Superintendent of Schools.

Date: _____

Name: _____

University: _____

Date Course Began: _____ Ending Date: _____

Semester Hours Credit: _____ Cost for Course: \$ _____

These academic hours were not earned under a fellowship grant, scholarship grant or any other reimbursed program. Per contract allowance.

Applicant's Signature

Reimbursement Payments:

- A. Credit earned during the **first semester** of the school year will be *reimbursed in February* of that school year.
- B. Credit earned during the **second semester** or during the summer will be *reimbursed in September* of the following year subject to the conditions of paragraph 2, Section 4141.3 of the Master Agreement.

Superintendent's Signature for Approval of Payment