



## MIAMI-DADE COUNTY PUBLIC SCHOOLS APPLICATION FOR TUITION REIMBURSEMENT (INSTRUCTIONAL)

*Please Type or Print, Except Signature*

**DIRECTIONS:**

1. Complete form, attach required documentation, sign and return to Compensation Administration, Miami-Dade County Public Schools, 1500 Biscayne Boulevard, Suite 140, Miami, Florida 33132. (School Mail Code - 9317) Direct inquiries to Pers\_Tuition@dadeschools.net or use the previous addresses.
2. Required documentation:
  - Official transcript(s)
  - FT-1 form (obtainable from your college/university cashier's office)
3. Additional documentation:
  - Letter of Acceptance from college/university. (Required only if this is from first-time applicants who are advanced degree candidates.)
  - Official transcript reflecting out-of-field advanced degree. (Required only of teachers taking infield graduate credit to qualify for credential payment.)

Name	<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	Employee No.
Home Address	<i>(Number and Street)</i>	<i>(City)</i>	<i>(Zip)</i>	Home Phone No.
Work Location Name				Work Location No.   Work Phone No.

**Best Method to Contact You** (e-mail address, cellular phone number, etc.)

**CRITICAL STAFF SHORTAGE AREA:**

- Check here if you are using undergraduate and/or graduate level courses leading to state certification in a subject area designated by M-DCPS as a Critical Staff Shortage area.

Specify the area in which you are seeking certification: \_\_\_\_\_.

**You are required to report any scholarship or reimbursement monies you receive to cover tuition.**

I certify that all the foregoing information is true to the best of my knowledge.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

<b>ONLY FOR COMPENSATION ADMINISTRATION USE</b>					REJ: REASON:	
YR	TERM	COURSE	CR	AMOUNT		
COMMENTS:					APPROVED: DATE:	PROCESSED: DATE: