



**MIAMI-DADE COUNTY PUBLIC SCHOOLS  
APPLICATION FOR TUITION REIMBURSEMENT  
(NON-INSTRUCTIONAL - UTD)**

*Please Type or Print, Except Signature*

- Check your unit:**       Paraprofessional                       Security Monitor/Resource Specialist  
                                   Office Personnel                               Physical/Occupational Therapist Assistant

**DIRECTIONS:**

- Complete form, attach required documentation, sign and return to Compensation Administration, Miami-Dade County Public Schools, 1450 NE 2nd Ave., Suite 621, Miami, Florida 33132. (School Mail Code - 9317) Direct inquiries to Pers\_Tuition@Dadeschools.net or use the previous addresses.
- Required documentation:
  - Letter of Acceptance from college/university (required only if this is your first application for tuition reimbursement)
  - Official transcript(s)
  - FT-1 form (obtainable from your college/university cashier's office)
- Additional documentation:
  - Paraprofessionals:** Written verification that your principal has approved your course(s). (This is not needed for a course which is required or is accepted as an elective in a formal program of study leading to a Bachelor's Degree in Education.)
  - Office Employees:** Written verification that your principal or administrative supervisor has approved your course(s). (Not needed if course is required, or accepted as an elective, in a formal program of study leading to a Bachelor's Degree in a job related area.)
  - School Security Monitors/School Resource Specialists:** Written verification that your Principal and the Chief of Miami-Dade County Public Schools Police have approved your course(s). (This is not required if the course is required or is accepted as an elective in a formal program of study leading to a Bachelor's Degree in Education, Psychology or Counseling, Criminal Justice, or a program which leads to certification as a Law Enforcement Officer.)
- Physical and Occupational Therapist Assistants:** Written verification that the Office of Exceptional Student Education and Psychological Services has approved your courses(s). (This is not required if a course is part of a formal program leading to a degree and a license as a Physical or Occupational Therapist.)

Name	(Last)	(First)	(Middle)	Employee No.
Home Address	(Number and Street)	(City)	(Zip)	Home Phone No.
E-mail Address (Optional)				
Work Location Name			Work Location No.	Work Phone No.

**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 _____	
ONLY FOR Compensation USE					REJ:	
YR	TERM	COURSE	CR	AMOUNT		
COMMENTS:					APPROVED: DATE:	PROCESSED: DATE: