

Maximize your education, Minimize your cost.

We Reimburse!

Want a Master's Degree?

- 1. Must be currently employed by Corsicana Independent School District
- 2. Master's program must be through an accredited college or university
- 3. Master's degree must be in the employee's current field or content area
- 4. Must agree to remain with the district, pending contract renewal, for a minimum of three years following completion of the Master's degree

Questions?

Contact:

Annette Faulk

Director of Human Resources

(903) 602-8188

afaulk@cisd.org



CORSICANA ISD TUITION REIMBURSEMENT PLAN TERMS AND CONDITIONS

Core Values: Provide an education for every child that maximizes his/her potential

Recruit and retain the best staff

District Goal: Corsicana ISD will meet or exceed all state and federal standards for academic excellence

The purpose for the tuition reimbursement plan is encourage currently employed staff who have completed their Bachelor's degree to further their knowledge and skills in their content area by obtaining their Master's degree.

Criteria for participation in the plan:

- 1. Must be currently employed by Corsicana Independent School District
- 2. Master's program must be through an accredited college or university
- 3. Master's degree must be in the employee's current field or content area
 - a. Examples of reimbursable degrees: math teacher who gets a Master's in math; a first grade teacher who gets a Master's in Reading;
 - b. Examples of Master's degrees not eligible for reimbursement: a teacher who gets a Master's in Administration or Counseling; a degree outside the teacher's current teaching field
- 4. Must agree to remain with the district, pending contract renewal, for a minimum of three years following completion of the Master's degree.

Approval process:

- 1. Identify a university with the desired degree plan
- 2. Submit the "Intent to Complete an Advanced Degree" form with the degree plan to the Executive Director of Staff Recruitment and Retention
- 3. Meet with the Executive Director of Staff Recruitment and Retention to ensure that the plan will be approved and to obtain her signature on the proposal (Intent form)
- 4. Register for the class(es) and successfully complete the course (es) for one semester; Successful completion requires a grade of "A" or "B" in the course
- 5. Submit your receipt for the class along with documentation of your final grade with the Tuition Reimbursement Form to the Executive Director of Staff Recruitment and Retention at the end of each semester
- 6. Once approved by the Executive Director of Staff Recruitment and Retention, your reim bursement will be processed through the Corsicana ISD Business Department



CORSICANA INDEPENDENT SCHOOL DISTRICT ADVANCED DEGREE – TUITION REIMBURSEMENT PROGRAM

Intent to Complete an Advanced Degree

The following plan is being submitted for review to complete an advanced degree program. This plan must be approved by Annette Faulk, Director of Human Resources.

Employee Name:	Phone Number:		
Address:	City/Zip:		
Social Security #:	Job Title/School:		
Degree Plan:			
University:			
Advisor: Email:_	Phone:		
Field of Study:	Credit Hours needed for completion:		
Are you receiving other financial support?			
If yes, please describe in detail:			
Please answer the following questions: 1. What are your goals for attaining an adv	vanced degree?		

2. How do you feel the degree that you are seeking will enhance your abilities as a teacher?

Deg	ree	Р	lan	Οι	ıtl	in	e:

Coursework needed for completion:

Approved:_____yes ____no ____date

Course name	Credit hours	Tuition Cost
Course Harrie	Creditions	Tutton cost
I have read and understand the Tuiconditions.	tion Reimbursement Guidelines and	d agree to the terms and
Employee Signature:	date	
HR Office:	date	



CORSICANA INDEPENDENT SCHOOL DISTRICT

ADVANCED DEGREE - TUITION REIMBURSEMENT PROGRAM

Request for Tuition Reimbursement Form

This form must be complete and submitted to Annette Faulk (<u>afaulk@cisd.org</u>) or interoffice mail to Annette Faulk – HR Office and final approval received prior to the first day of class for which reimbursement is sought.

Employee Name: Number:					
Address:					
Social Security #:School:					
Coursework:					
	University:		Course		
Title:		Cou	ırse Number:		
Credit Hour	s: Course	e Begins/Ends:	/	_ Degree	
Plan:		Field of Study	y:		
ATTACH YOUR RECEIPT FOR	THE COURSE(S) AN	D EVIDENCE OF FIN	IAL GRADE TO	O THIS FORM.	
I have read and understand conditions. By signing this co I commit to remaining with t receipt of my Master's degre	ommitment form an the District, pending ee.	d accepting reimbug a contract offer, fo	ursement of to or a minimum	uition from Co n of three year	rsicana ISD,
Employee Signature	Date		esource Signa	ature	Date

PLEASE NOTE: THE DISTRICT BUDGETS \$21,000 ANNUALLY FOR THIS PROGRAM. IF YOUR REQUEST CAUSES THE DISTRICT TO EXCEED THE BUDGETED AMOUNT, YOUR APPLICATION WILL NOT BE APPROVED.