

**Request for Approval of a Career-Related Doctoral Program**

Employee Name (Please print)		Employee ID (10 Digits)
Work Location	Position	
Area of Study	College Attending	Projected Date of Completion/Graduation

Conditions of Approval

Carefully review each statement below. Each statement must have your initials recorded indicating your understanding and agreement to the specified conditions in order to be approved for this program.

- _____ I have attached a **copy of my Doctoral program** signed by my college advisor along with my letter of acceptance.
- _____ I have attached a **written explanation** of how this program will provide enhancement of expertise in my position
- _____ I have reviewed my appropriate Negotiated Agreement (Unit II) or Board Policy (Units V & VI) related to the eligibility for number of credits reimbursed, grade requirements, and any other limitations.
- _____ I understand that to receive reimbursement, I must apply at the end of each semester following the **standard tuition reimbursement request procedures** including submission of all required documents.

Applicant Signature	Date
Approval: Executive Director of Human Resources	Date

- Notes:
- You are eligible for the enhanced reimbursement from the date you are accepted into the program. The acceptance date is the Director's approval date listed above.
 - In the event of an overpayment, AACPS/Human Resources reserves the right to remove the overpayment from an employee's subsequent paycheck.
 - Please refer to the AEL agreement, Article 12(I) regarding the Unit II reimbursement for college credit and Doctoral programs.

Submit application and written explanation to: **Tuition Reimbursement – Human Resources**

Human Resources Use Only: Employee Copy ETRP File