



# Midland Public Schools

Inspiring Excellence

## Midland City Education Association (MCEA) Tuition Reimbursement Form

Name (please print): \_\_\_\_\_ Position: \_\_\_\_\_  
Building: \_\_\_\_\_ ID # \_\_\_\_\_

### MCEA Bargaining Agreement - Appendix B Excerpts - Category Qualifications

The district will reimburse tuition costs from any course taken at a Michigan public university at a rate of \$75 per credit hour if the grade earned is a 'B' or higher.

Any employee that was enrolled in an approved course/program before February 1, 2025 will be allowed to finish the program under previous policy/practices. Course/program requests after February 1, 2025 are subject to the new conditions. **Tuition reimbursement will begin for courses/programs approved as of the contract implementation date.**

### Tuition Reimbursement Details

College or University:		Michigan Public University:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Course Number	Course Name	Start and End Date	Credit Hours	Grade
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____

### Required Documentation for Tuition Reimbursement

To avoid delays in processing, this form must be completed in full, printed, signed (digital signature not accepted), include all required attachments listed below and be sent to the Human Resources Department:

1. A copy of an official or unofficial transcript or grade report for the completed coursework
2. A copy of the itemized course fee statement(s)
3. A copy of proof of payment for the course fee(s)

All coursework must be completed through a Michigan-based university, and a final grade of B or higher is required for reimbursement.

Total Credit Hours	_____	X \$75 per credit hour	Reimbursement Total	_____
Account Number : 11-283-000-0000-2310				

*This form must be completed in full, **printed and signed** by the employee requesting reimbursement.  
Incomplete forms or missing documentation will not be processed and will result in delays until all required information is provided.*

Employee: \_\_\_\_\_ Date \_\_\_\_\_  
Human Resources: \_\_\_\_\_ Date \_\_\_\_\_ Approved ☐ Yes ☐ No

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_