



NEW BEGINNINGS

SCHOOLS FOUNDATION

Tuition Reimbursement Request

2012-2013

Name (Last, First): _____

School Name: _____ Position: _____

University Name: _____

Semester: _____ Cost: _____

Location (city, state): _____

University Information (Name and Address):

Describe the purpose of the class/classes:

Identify how the content of the class/classes aligns with the network's and school's mission, goals and initiatives:

List the name(s) of professor(s):

Signature of Faculty/Staff Member: _____

Date: _____

Signature of Principal: _____

Date: _____

Signature of Director of Professional Development: _____

Date: _____

Signature of Chief Operations Officer: _____

Date: _____

Signature of Chief Executive Officer: _____

Date: _____

Please attach and turn in the following information:

- Send an email to Neifa Ramsey at neifa@newbeginningsnola.net
NOTE: Subject Line: Tuition Reimbursement Request (YOUR NAME)
In the body, please include YOUR COMPLETE MAILING ADDRESS
- Completed Tuition Reimbursement Request form
- Copy of your transcript
- Copy of your course curriculum
- Copy of your fee bill

Please be advised if you submit an incomplete packet your information is in jeopardy of being delayed.