

**Wellesley Public Schools**

**Tuition Reimbursement Request Form**

To receive reimbursement for tuition, complete Tuition Reimbursement Request form and submit this to Human Resources Office, by no later than **June 1, 2026.** Reimbursement will be sent to you from the Business Office in the fall of the 2026-2027 school year for courses in which you received a satisfactory grade.

**Please attach all Course Description(s); Completed Transcripts; Bill or Statement from College/University and Method of Payment: Canceled Check; Credit Card Statement or Cash Receipt.** Forms requiring additional information will be returned to you and may result in delays.

*Please note: the reimbursement is in accordance with the WTA Contract for graduate courses taken by staff who are without masters degrees and/or who are seeking professional licensure as required by the Massachusetts Department of Education and/or when a specialist teacher’s immediate supervisor, subject to the approval of the Assistant Superintendent, verifies that there are no further in-district courses available for recertification in that specialist’s field, that specialist may apply for tuition reimbursement.  Any Unit A member for whom no DESE license exists, including but not limited to occupational and physical therapists, so long as that member maintains appropriate certification and/or licensure required to perform his or her duties, shall be eligible to apply for tuition reimbursement.*

**Employee Name (Last, First MI)**

**Job Title: WPS E-mail: School/Dept:**

**• First Masters Degree and/or • First Professional License**

**Term (check appropriate boxes) \*\*Courses reimbursed to have been taken from Summer of 2025 to June 1, 2026\*\***

• Summer 2025 • Fall 2025 • Winter 2025 • Spring 2026

**College/University Course # Course Title Tuition $**

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**Total Cost for courses to be considered for Reimbursement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Signature** | **Date** | **Director of Human Resources** | **Date** |

**TO BE COMPLETED BY HR OFFICE ONLY**

**Total of Amount of Reimbursement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**