

# Tuition Reimbursement Request Form

(Must be submitted prior to course registration)

DATE OF REQUEST: \_\_\_\_\_

NAME: \_\_\_\_\_

SCHOOL OF EMPLOYMENT: \_\_\_\_\_

GRADE OR SUBJECT TAUGHT: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

(Course description must be attached)

NUMBER OF CREDITS: \_\_\_\_\_ COST (TUITION ONLY): \_\_\_\_\_

COLLEGE ATTENDING: \_\_\_\_\_

SEMESTER:      SUMMER \_\_\_\_\_      FALL \_\_\_\_\_      SPRING \_\_\_\_\_

SCHOOL YEAR: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

\*\*\*\*\*

APPROVED \_\_\_\_\_      NOT APPROVED \_\_\_\_\_

\_\_\_\_\_  
SUPERINTENDENT SIGNATURE

\_\_\_\_\_  
DATE

\*\*\*\*\*

For Office Use Only

Application received \_\_\_\_\_ Course description received \_\_\_\_\_

Paid receipt received \_\_\_\_\_ Final grade received \_\_\_\_\_

Date payment voucher signed and returned \_\_\_\_\_

Purchase order submitted to Accounts Payable \_\_\_\_\_