

REQUEST FOR TUITION REIMBURSEMENT

Name: _____ Date: _____

Course Name: _____ Course No.: _____

Institution: _____

Program enrolled in: _____ Date enrolled: _____

Semester enrolled in: _____ Dates: _____

Course/Program Approval: _____
Administrator _____ Date _____

REMARKS: _____

Current Degree Level: _____ Cost per Credit Hour: _____ Reimbursement Percent: _____

***** ANY TEACHER WHO RESIGNS SHALL REPAY THE EMPLOYER ALL TUITION REIMBURSEMENTS RECEIVED DURING THE PRECEDING TWENTY-FOUR (24) MONTHS, OR SHALL HAVE SUCH SUMS DEDUCTED FROM HIS/HER FINAL PAY.**

TRANSCRIPT AND / OR GRADES AND PROOF OF PAYMENT (BILLING STATEMENT FROM THE INSTITUTION) MUST ACCOMPANY REQUEST FOR REIMBURSEMENT.

CENTRAL OFFICE APPROVAL:

Cost Per Cr Hr: _____ # of Credits _____ % Reimbursable: _____ Total Reimbursement: _____

Transcript Rec'd: _____ Grades Received: _____ Institution Bill Stmt. Rec'd: _____

Superintendent _____ Date _____

Business Manager _____ Date _____

Account Number _____ Date Paid _____