

White Cloud Public Schools

Tuition Reimbursement

Complete this form AFTER you have completed your coursework.

Employee and Course Information	
Name (First MI Last):	Date:
Course Name:	Course Number:
Institution:	
Program Enrolled:	Date Enrolled:
Semester Enrolled:	Dates of Course:
Current Degree Level:	Cost Per Credit Hour:
Notice: 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.	
Course Program Approval	
Admin Signature:	Date:
Comments:	
Transcripts and Payment	
A transcript and/or grades and proof of payment (billing statement form the institution) must accompany the request for reimbursement.	
Transcript Attached? ___ Yes ___ No (why?)	
Proof of Payment Attached? ___ Yes ___ No (why?)	
Business Office Use Only	
Cost Per Credit Hour:	Number of Credits:
Total Reimbursement:	
Transcripts/Grades Received? ___ Yes ___ No	Payment Proof Received? ___ Yes ___ No
Superintendent Signature:	Date:
Business Manager Signature:	Date:
Account Number:	Date Paid: