

TUITION REIMBURSEMENT FORM

Name: _____ Date Submitted: _____
 (Please Print)

College/University: _____

Signature of Applicant: _____

~~~~~

| <u>Course Dates:</u> |              | <u>Course Title</u> | Credits | Tuition Cost<br>(No Fees) | Reimbursable<br>Amount (50%) |
|----------------------|--------------|---------------------|---------|---------------------------|------------------------------|
| <u>Started</u>       | <u>Ended</u> |                     |         |                           |                              |
| _____                | _____        | _____               | _____   | _____                     | _____                        |
| _____                | _____        | _____               | _____   | _____                     | _____                        |

Total Reimbursable Amount \$ \_\_\_\_\_

**Please Attach to This Form the Three Items Listed:**

- 1) Evidence of tuition payment
- 2) Grade showing successful completion of course work
- 3) Copy of the school's graduate tuition rate by course credit (see reverse)

**LEA Contract: \*Section 70.8—Reimbursement for Courses**

**“A request for credit reimbursement together with acceptable substantiation will not be acceptable for payment if received later than the end of the second week in June, and may not be applied for in the following year.”**

~~~~~

For Use by Superintendent's Office Only

Approval of Superintendent _____
Superintendent Date