



# Ledyard Paraprofessional Tuition Reimbursement Form

Name: \_\_\_\_\_  
(Please Print)

Date Submitted: \_\_\_\_\_

College/University: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

<u>Course Dates:</u>		<u>Course Number &amp; Course Title</u>	# of Credits	Cost Per Credit	Total Tuition Paid (No Fees)
<u>Started</u>	<u>Ended</u>				
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
<b>Total Reimbursable - not to exceed \$500/course (up to 3 courses per fiscal year).</b>					\$ _____

*Please attach the following documentation to this form:*

- 1) Evidence of tuition payment (no fees) - **must** list the name of the College/University, course name and number, form of payment, and payment date. It may be necessary to request a receipt from the bursar's office to meet this requirement;
- 2) Final Grade- documentation showing successful completion of course work
- 3) Copy of the school's current graduate tuition rate by course credit

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***For Use by Superintendent's Office Only***

Approval of Superintendent \_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date