

TUITION REIMBURSEMENT APPLICATION

Application Deadlines:

FALL - SEPT. 15TH
 SPRING - FEB 1ST
 SUMMER - JUNE 1ST

Copy this form for your records.
 Send original to the Personnel Office.

Please print or type form

Name _____ School _____
 Position _____ Date Employed _____

Courses Requested*	Institution

- **Attach course description**

**Please note – courses for Tuition Reimbursement require prior approval.
 Please be sure that your courses do not precede your approval.**

COST PER CREDIT \$ _____ TOTAL NO. CREDITS _____ TOTAL COST \$ _____

CHECK APPROPRIATE SEMESTER:

FALL 20____ SPRING 20____ SUMMER 20____

CHECK AS APPLICABLE:

_____ First Request
 _____ Previously Denied (month/year) _____
 _____ Prior Recipient (List date of attendance) _____

_____ APPROVED _____	_____ DISAPPROVED _____
_____ Thomas Markle, Superintendent	_____ Date
_____ Transcript received	
_____ Approved for payment	
_____ Copy to Business Office	