

All courses for which tuition reimbursement is sought must be preapproved before start date of class.

<u>Tuition Reimbursement Request</u> (Please fill out 1 form for each class)

Name			Teaching Assignment				
SchoolTenure Date			e Date	College/ University			
Semester	SUMMER	_ FALL	_ SPRING _	YEAR	UNDERGRAD	GRAD	
Degree			Certif	ication		_	
Completed	Course Title	e (per catal	og):				
Date Course Began:				Date of Course Completion:			
Credit Hours				Description Fees			Fees
A. # of	Credit Hou	rs					
B. Cos	t per Credit	Hours					
C. Tota (A*E	al Credit Ho 3)	urs Cost					
				D. To	otal Fee Cost		
				Total Reimbursement Requested (C+D)			
APPROVAL FOR	RMS. YOU ARE F RIPTION: : (PLE	RESPONSIBLE	TO ENSURE THA	T YOU MAINTAIN A	SOURCES DOES NOT RET LL ORIGINALS REQUESTE E DESCRIPTION FROM	D FOR REIMBURSEN	IENT.
Select Degree L		this course wil			you must also fill out Ad 0 □ Other	vanced Online Stu	dy Form
	Signati	ure of Applicar	nt	_	Date	_	
	Tuition Approval (Superintendent's Signature)				Date		