

CERTIFICATED TUITION REIMBURSEMENT

APPLICATION FOR COLLEGE CREDIT

NAME _____ DATE _____

BUILDING/PROGRAM _____

COLLEGE/UNIVERSITY _____ DEPT. _____

COURSE NAME _____ NUMBER _____

BEGINNING DATE _____ ENDING DATE _____

NUMBER OF HOURS _____ Quarter
 Semester

Attach a copy of the course description or briefly describe the course below:

Employee's Signature _____

Supervisor/Director's Signature _____

APPROVED

Superintendent's Signature _____

NOT APPROVED

Date _____

Number of hours approved _____ Rate per hour _____ Total * _____
*(Up to this amount of actual tuition expense paid)

(NOTE: If this course is canceled or not completed, please notify the Treasurer's Office).

RETURN YOUR COPY OF THIS SIGNED FORM TO THE TREASURER'S OFFICE FOR PAYMENT UPON THE SUCCESSFUL COMPLETION OF THE COURSE WITH A COPY OF GRADE SLIP/TRANSCRIPT AND A PAID RECEIPT FOR THE COURSE