CLASSIFIED 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 _____

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_____ APPROVED

Superintendent's Signature _____

_____ NOT APPROVED Date _____

Number of hours approved _____ Rate per hour _____ Total _____

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(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 <u>GRADE SLIP/TRANSCRIPT</u> AND A <u>PAID RECEIPT</u> FOR SUCH COURSE