Form 3421.2

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:

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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 *____________
***(Up to this amount of actual tuition expense paid)**

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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 GRADE SLIP/TRANSCRIPT AND A PAID RECEIPT FOR THE COURSE