

Name \_\_\_\_\_

Date \_\_\_\_\_

College/School	Course #	Course Name	# of Credit Hours	Term	Level
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	<input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	<input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	<input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	<input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	<input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate

I am working toward:  Degree  Certification

Why?

Approved \_\_\_\_\_  
 Superintendent Date

Comments

\*\*\*\*\*Complete the following when course work is complete\*\*\*\*\*

\* Must attach official transcript and receipt for course work taken for which reimbursement is requested.

Course #	Course Name	Term Taken	# Credit Hours	Cost/Hour \$	Total Cost \$

Amount Requested for Reimbursement: \$ \_\_\_\_\_

Did you receive any grants, scholarships, or other aid for tuition for any of the above requested hours?

Yes, I received: \_\_\_\_\_  
 No

Other comments:

I certify that the above information is true and accurate:

Employee \_\_\_\_\_ Date \_\_\_\_\_