TUITION REIMBURSEMENT FORM
Request for pre-approval of college courses

NAME _____ **BUILDING** _____

ASSIGNMENT _____

UNIVERSITY/COLLEGE _____

TERM TO BE ATTENDED **Fall** ☐ **Winter** ☐ **Spring** ☐ **Summer** ☐

1. **Course Title** _____

Course Number _____ **Credit Hours** _____

☐ **Semester** ☐ **Quarter** **Date Term Begins** _____

2. **Course Title** _____

Course Number _____ **Credit Hours** _____

☐ **Semester** ☐ **Quarter** **Date Term Begins** _____

3. **Course Title** _____

Course Number _____ **Credit Hours** _____

☐ **Semester** ☐ **Quarter** **Date Term Begins** _____

4. **Course Title** _____

Course Number _____ **Credit Hours** _____

☐ **Semester** ☐ **Quarter** **Date Term Begins** _____

Purpose(s) for taking course(s) listed above: _____

_____

I am not being reimbursed by another agency for the above courses.

_____ _____
Signature **Date**

Course	**1**	**2**	**3**	**4**
Approved	☐	☐	☐	☐
Disapproved	☐	☐	☐	☐

_____ _____
Superintendent **Date**