

**TUITION REIMBURSEMENT APPLICATION**

**Application Deadlines:**

FALL - SEPT. 15<sup>TH</sup>  
 SPRING - FEB 1<sup>ST</sup>  
 SUMMER - JUNE 1<sup>ST</sup>

Copy this form for your records.  
 Send original to the Personnel Office.

Please print or type form

Name \_\_\_\_\_ School \_\_\_\_\_  
 Position \_\_\_\_\_ Date Employed \_\_\_\_\_

Courses Requested*	Institution

- **Attach course description**

**Please note – courses for Tuition Reimbursement require prior approval.  
 Please be sure that your courses do not precede your approval.**

COST PER CREDIT \$ \_\_\_\_\_ TOTAL NO. CREDITS \_\_\_\_\_ TOTAL COST \$ \_\_\_\_\_

CHECK APPROPRIATE SEMESTER:

FALL 20\_\_\_\_  SPRING 20\_\_\_\_  SUMMER 20\_\_\_\_

CHECK AS APPLICABLE:

\_\_\_\_\_ First Request  
 \_\_\_\_\_ Previously Denied (month/year) \_\_\_\_\_  
 \_\_\_\_\_ Prior Recipient (List date of attendance) \_\_\_\_\_

_____ APPROVED _____	_____ DISAPPROVED _____
_____ Thomas Markle, Superintendent	_____ Date
_____ Transcript received	
_____ Approved for payment	
_____ Copy to Business Office	