

# Tuition Reimbursement Application

Application for reimbursement shall be made to the superintendent prior to starting the course work.

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Please be advised that I plan to take the following course

\_\_\_\_\_

from the following university or college \_\_\_\_\_.

The beginning and ending date for the course are as follows

\_\_\_\_\_ (begin date) \_\_\_\_\_ (end date)

This course relates to my employment responsibilities in the following manner

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The cost of the tuition is \_\_\_\_\_

The above information is, to the best of my knowledge, true. I will notify the office of the superintendent if any of the above information changes. I am requesting tuition reimbursement in accordance with Board Policy GCL or GDL.

\_\_\_\_\_  
Signature

**\*\*\*\*\* To be filled out by the superintendent or designee \*\*\*\*\***

Anticipated reimbursement not to exceed \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

\_\_\_\_\_  
Superintendent signature

date

**\*\*\*\*\* To be submitted by the applicant prior to reimbursement \*\*\*\*\***

Official transcript \_\_\_\_\_ College/University receipt for tuition \_\_\_\_\_