Philomath School District 17J - Request Form
College Credit/Tuition Reimbursement/Obtain Seat Hours

Name: ______________________________ Date of Request: ________________

Please Check One Option:
- ☐ College Credit Only
- ☐ College Credit and Tuition Reimbursement *
- ☐ Seat Hours/District Credit **

College Credit/Tuition Reimbursement Requests

Course Number: _____________

College/University: __________________________ Total College Credits: ________

Course Title: ____

Term/Year: ________________ Tuition Amount: $____________

Request to Obtain Seat Hours/District Credit

Workshop/Conference: _______________________ Date of Event: ____________

Sponsor: _________________________________ Seat Hours to be earned: ______

Location: ________________________________

Rationale for request:

Print and Submit form to Principal for signature and forward to the District Office for Superintendent approval. You will receive a notification of approval. Submit final documentation (proof of attendance/ completion certificate/grade report/payment receipt) to the District Office when course/workshop is completed for recording purposes and/or reimbursement.

Employee Signature: _________________________

Principal's Signature: _________________________ Date: __________

Superintendent's Signature: ____________________ Date: __________

***** Tuition reimbursement must be requested within six months of course completion. The request must include proof of payment and a copy of the transcript showing successful completion of the course.

****** Seat Hours/District Credit must be pre-approved and request must include workshop description and number of seat hours to be earned. Hours must be outside of the regular workday. 20 seat hours equals one District Credit.

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District Office Use

- ☐ Eligibility Verified
- ☐ Grade Report Received
- ☐ Submit within 6 months of completion
- ☐ Proof of payment
- ☐ Amount paid
- ☐ Credit Awarded/Recorded
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