

Southern Fulton School District

Application to Determine Eligibility for Tuition Reimbursement

Date _____ Name _____

University or Educational Institution

Name _____

Address _____

| Name and Number of Course | Number of Credits | Cost per Credit | Total Tuition |
|---------------------------|-------------------|-----------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Starting Date _____ Ending Date _____

Attach a description of each course provided by the college or University, etc. state Reason for taking the course (part of graduate degree program, for certification, etc.)

After course(s) has/have been taken, submit a "Request for Tuition Reimbursement" form.

Submit to building Principal & Superintendent for approval

Date approved for Reimbursement _____

Date Tuition Reimbursement denied _____

Reason for Denial _____

Signature of Building Principal _____

Signature of Superintendent _____