

Southern Fulton School District
Request for Tuition Reimbursement

Please complete the following information to receive tuition reimbursement. The tuition rate is 100% of the Shippensburg rate or actual costs whichever is less.

Course Name _____

Number _____

Start Date _____

Completion Date _____

Number of Credits _____

Tuition Rate Per Credit _____

Total Tuition Cost _____

Please attach a copy of your transcript for the course and a copy of your receipt indicating proof of payment for each course.

I certify that this information is a true and accurate account of courses taken and tuition paid.

Signature

Date