APPLICATION FOR COLLEGE REIMBURSEMENT

NAME _____

PRESENT DATE _____

TERM OF CLASS _____

COLLEGE OR UNIVERSITY _____

NUMBER OF CREDIT HOURS _____ SEM.

_____ QTR.

TOTAL COST OF CREDIT _____

AMOUNT SEEKING FOR REIMBURSEMENT _____

TOTAL REIMBURSEMENT TO THIS DATE FOR CALENDAR YR. _____

NAME OF COURSE _____

HOW DOES THIS COURSE RELATE TO PRESENT FIELD OF EMPLOYMENT?

_____

_____

_____

APPROVAL OF SUPERINTENDENT _____ DATE _____

APPROVAL OF PRINCIPAL _____ DATE _____

SIGNATURE OF CERTIFIED PERSONNEL _____

THIS FORM NEEDS COMPLETED AND APPROVED BEFORE THE CLASS IS TAKEN. PROPER FORM NEEDS TO BE SUBMITTED FOLLOWING COMPLETION OF COURSE.

White - Personnel File
Pink - Teacher
Canary - Treasurer's File