

Lakeview School District
Request for Credit Reimbursement

Name: _____ Date: _____

I request the payment in the following amount at 80% of \$ _____ or a maximum of \$300 per credit for the following credit(s) earned:

Course Number and Title	Credits	Cost Per Credit*	Total Cost*

*Cost is for tuition only

College/University attending: _____

Dates of Attendance: From: _____ To: _____

Please attach a copy of your **Course Pre-Approval form**, an **official transcript** of satisfactory work completed, and an **itemized receipt showing the cost paid per credit**. Return the completed form with attachments to the Superintendent's Administrative Assistant for processing. Keep a copy for your records.

I acknowledge that if, as an employee, I do not remain with the Lakeview School District, as outlined in the collective bargaining agreement, the employee shall refund the appropriate payment to the Lakeview School District. The Lakeview School District may withhold such amount from any payment due to the employee.

Signature: _____ Date: _____

Approved by Superintendent of Schools: _____ Date: _____

Payment Amount: \$ _____ Account Code: _____

Business Office Approval: _____