



BRISTOL WARREN REGIONAL SCHOOL DISTRICT

235 HIGH STREET, 2nd FLOOR, BRISTOL RI 02809

WWW.BWRSD.ORG (401) 253-4000

COLLEGE COURSE REIMBURSEMENT FORM

Complete this form and return it to the Human Resources Office within one week after grade report is received. **Signed Pre-Approval Form, grade report and payment receipt(s) must be attached for reimbursement to be processed.**

Name: _____ Building/Assignment: _____

Semester: _____ Credits: _____

Name of Course _____

Total Reimbursement \$ _____ (not to exceed \$1,000/yr for BWEA and \$400/yr for C94)

Employee Signature

Approved by: _____
Superintendent of Schools

Date

Date