CENTRAL GREENE SCHOOL DISTRICT
250 SOUTH CUMBERLAND STREET
WAYNESBURG, PA 15370

REQUEST FOR REIMBURSEMENT FOR TUITION FOR GRADUATE COURSES

Name: _____ **Current School Year**: _____

Home address: _____

Date Submitted: _____ **Graduate School**: _____

Title of Course: _____**Grade Earned:** ____

Title of Course: _____**Grade Earned:** ____

Title of Course: _____**Grade Earned:** ____

Title of Course: _____**Grade Earned:** ____

Pre-Approval Granted **Yes/No** **Number of Credits** _____

Cost per Credit $ _____ **/ Credit**

Total Reimbursement for this Request $_____

Reimbursement is $200.00 per credit for graduate courses up to 12 credits per school year. Please include transcript and a copy of your receipt of payment.

Total Reimbursement Requested to Date for this School Year $ _____

☐ **APPROVED** ☐ **NOT APPROVED**

Superintendent_____ **Date**_____

KMM 10/1/21