

GALLIPOLIS CITY SCHOOLS

Request for **TUITION** Reimbursement

STEP 1

NAME: _____ SCHOOL YEAR*: _____
(July 1 - June 30)

BUILDING:

Alternative GAHS GAMS Green Rio Grande Washington Central Office

COLLEGE OR UNIVERSITY: _____

COURSE NUMBER COURSE TITLE CREDIT HOURS

_____ SEM/QTR

_____ SEM/QTR

BEGINNING DATE OF COURSEWORK _____

INDICATE NUMBER OF SEMESTER AND/OR QUARTER HOURS AND THE TOTAL AMOUNT:

MAXIMUM OF FOUR (4) SEMESTER HOURS: X \$70 PER SEMESTER HOUR = \$ _____

MAXIMUM OF SIX (6) QUARTER HOURS: _____ X \$50 PER QUARTER HOUR = \$ _____

SIGNATURE OF EMPLOYEE

DATE

RECOMMENDATION OF LPDC:

REQUEST GRANTED

SIGNATURE OF PRESIDENT/RECORDER

DATE

REQUEST DENIED

SUPERINTENDENT'S INITIAL RECOMMENDATION:

REQUEST GRANTED

SIGNATURE OF SUPERINTENDENT

DATE

REQUEST DENIED

STEP 2

EVIDENCE OF COMPLETION

ATTACH AN OFFICIAL TRANSCRIPT DEMONSTRATING SUCCESSFUL COMPLETION OF THE ABOVE COLLEGE/UNIVERSITY COURSE(S) **AND** A RECEIPT FOR THE COST OF THE COURSE(S) TO THIS FORM AND RE-SUBMIT TO THE SUPERINTENDENT.

SIGNATURE OF EMPLOYEE

DATE

SUPERINTENDENT'S FINAL RECOMMENDATION:

REQUEST GRANTED

SIGNATURE OF SUPERINTENDENT

DATE

REQUEST DENIED

NOTE: THIS FORM SHOULD BE SUBMITTED TWICE. **STEP 1:** TO THE LPDC PRIOR TO TAKING THE COURSE(S) AND **STEP 2:** TO THE SUPERINTENDENT WHEN GIVING EVIDENCE OF SUCCESSFUL COMPLETION OF THE COURSE(S).

* Classes taken during the summer are applied to the following school year.

Revised 08/22/13