

REQUEST FOR TUITION REIMBURSEMENT
Lehigh Area School District

Name: _____ Building: _____ School Year: _____

Course Information

☐ Proof of prior approval for this course is attached.

Course #	Title of Course	College/ University	Total Credit	Grade	Cost per Credit ESU Graduate Tuition Rate	Total Cost
					\$577.00	
					\$577.00	
					\$577.00	

Additional Information

☐ Copy of proof of payment attached [Check or charge receipt is not acceptable]
☐ Copy of proof of grade attached

I, hereby, certify that the above information is accurate and correct, and I request reimbursement in accordance with Board policy and the Collective Bargaining Agreement.

Date: _____ Employee Signature: _____

FOR DAO USE

Grade _____	_____ % of \$ _____	=	\$ _____	Grade of "A"	= 100%
Grade _____	_____ % of \$ _____	=	\$ _____	Grade of "B"	= 100%
Grade _____	_____ % of \$ _____	=	\$ _____	Grade of "C"	= 70%
				Grade Below "C"	= 00%
				Pass/Fail	= 100%
					for Pass

TOTAL TO BE PAID \$ _____

Date: _____ Superintendent's Signature: _____