

**CERTIFICATED TUITION REIMBURSEMENT
APPLICATION FOR COLLEGE CREDIT**

NAME _____ DATE _____

BUILDING/PROGRAM _____

COLLEGE/UNIVERSITY _____ DEPT. _____

COURSE NAME _____ NUMBER _____

BEGINNING DATE _____ ENDING DATE _____

NUMBER OF HOURS _____ Quarter
 Semester (or per 30 contact hours)

Attach a copy of the course description or briefly describe the course below:

Employee's Signature _____

Supervisor/Director's Signature _____

APPROVED

Superintendent's Signature _____

NOT APPROVED

Date _____

Number of hours approved _____ Rate per hour _____ Total * _____

*(Up to this amount of actual tuition expense paid)

(NOTE: If this course is canceled or not completed, please notify the Treasurer's Office).

***UPON SUCCESSFUL COMPLETION OF THE COURSE, SUBMIT A COPY OF YOUR GRADE
SLIP/TRANSCRIPT AND A PAID RECEIPT/STATEMENT FROM THE COLLEGE
TO THE TREASURER'S OFFICE FOR PAYMENT***