

FOREST AREA SCHOOL DISTRICT

APPLICATION FOR REIMBURSEMENT OF TUITION CHARGES (after completion of course)

Teacher's Name _____

Address _____

Institution attending _____

Dates attending _____

<u>Course</u>	<u>Credits Received</u>	<u>Tuition Per Course</u>	<u>Eligible % of Reimbursement</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

50% advance received _____

Balance of reimbursement requested _____

Date

Signature of Teacher

****Attach tuition statement and transcript or grade report.**

Reimbursement in the amount of \$ _____ approved:

Level I Certificates (please mark applicable credits):

____ CREDITS 1-6 (50% tuition cost reimbursement)

____ CREDITS 7-15 (60% tuition cost reimbursement)

____ CREDITS 16-24 (75% tuition cost reimbursement)

Amount Approved: _____

Superintendent's Signature

Date _____