

REQUEST FOR TUITION REIMBURSEMENT

Employee Name_____

Subject of Class_____

Date Class Began_____ Ended_____

Credits Earned_____ Tuition Cost _____

Enrolled in class for a Misassignment? Yes _____ Class_____

Attach to this form a copy of the fee statement and a copy of the official university grade notification verifying the title of the class, credit earned, and the grade assigned upon completion. Submit to the district office no later than September 15th, 2025. Classes taken after this date may be applied for reimbursement in September of 2026.

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