

GRANVILLE EXEMPTED VILLAGE SCHOOL DISTRICT

TUITION REIMBURSEMENT APPLICATION

(To be submitted prior to taking a course)

NAME _____ GRADE OR SUBJECT TAUGHT: _____

COLLEGE/UNIVERSITY GRANTING CREDIT: _____

COURSE NAME: _____ QTR HOURS: _____ SEM HOURS: _____

COURSE NUMBER: _____ TUITION FEE: _____

DATE COURSE BEGINS: _____ ENDS: _____

COURSE DESCRIPTION: _____

I understand that tuition reimbursement is for the course work completed. If due to any reason, I am unable to register/ withdraw or unable to complete the course work, or get a grade of lower than "B" I will notify the Superintendent's office immediately.

DATE

APPLICANT SIGNATURE

PRINCIPAL'S VERIFICATION: _____

_____ Approved

_____ Disapproved

SUPERINTENDENT SIGNATURE

DATE

TUITION REIMBURSEMENT REQUEST

(To be submitted following the completion of course)

The course work above was paid for and completed as verified by the attached proof of payment and grade report or transcript. I request tuition reimbursement per the negotiated contract.

DATE

APPLICANT SIGNATURE