## South Umpqua School District

## Application for Tuition Reimbursement (Licensed Staff)

Name:				Date:		
Address:			Ph			
Vame of College/U	niversity:					
			End Date:			
Course Number	Course Title				Credit Hours	Fee
						\$
						\$
						\$
						\$
				Totals		\$
ignature:				Date: _		
Principal Approval:				Date:		
Director Approval:						
Reimbursement wi	ill be made accord	ing to the timeline o	and parameters d	escribed in A	-	collective
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