

SOUTH UMPQUA SCHOOL DISTRICT NO. 19

IIA / HQ

Application for Tuition Reimbursement

Approval must be granted in accordance with Article 22 of the collective bargaining agreement

Name: _____

Date: _____

Address: _____

Phone: _____

Name of school you plan to attend: _____

The school you plan to attend is on: Quarter credit terms / Semester credit terms / Other (Circle one)

Term **and** Academic Year you plan to attend: _____

Department and Course Number	Course Title	Credit Hours	Fee
			\$
			\$
			\$
			\$
Totals			\$

Signature

Date

Approved by:

Principal

Date

Director of Instruction

Date

Reimbursement will be made according to the timeline described in Article 22 upon submission of a receipt for tuition paid and grades for the course(s) taken.

* * * FOR OFFICE USE ONLY * * *

Amount Approved: \$ _____

Date: _____

Approved by: _____

Budget Number: 100.2240.0244.019.000.019
 200.2240.0244.000.000.200

Check No. _____

Date: _____