

**SCOTCH PLAINS-FANWOOD SCHOOL DISTRICT
COURSE REIMBURSEMENT FORM II**

TO: SUPERINTENDENT/DESIGNEE DATE: _____
FROM: _____ LOCATION: _____
SUBJECT: _____ GRADE/ASSIGNMENT: _____
YEAR: _____ SEMESTER: (Summer) _____ (Fall) _____ (Winter) _____

COMPLETE A SEPARATE FORM TO REQUEST REIMBURSEMENT FOR EACH COURSE

Tuition Cost: \$ _____ Credit Hours: _____ Tuition Cost Per Credit: \$ _____
Course Title: _____
Course Number: _____ Start Date: ____/____/____ End Date: ____/____/____
Name of Accredited College/University: _____
Address of Accredited College/University: _____
Is this a graduate level course? ____ YES ____ NO
Is this course part of a matriculating program? ____ NO ____ YES – DEGREE: _____

*****YOU MUST ATTACH THE FOLLOWING ITEMS *****

1. COPY OF APPROVED COURSE PRE-APPROVAL FORM I
2. OFFICIAL REPORT OF FINAL PASSING GRADE
3. RECEIPT SHOWING PROOF OF TUITION AMOUNT PAID FOR THE COURSE TAKEN

EMPLOYEE SIGNATURE: _____

Note: Your signature indicates that you are requesting reimbursement only for tuition that you have paid. If scholarships or grants were used to offset tuition, please advise the Personnel Office.

<u>FOR SUPERINTENDENT OFFICE USE ONLY:</u>	
Date Received: _____	
Not Approved: _____	
Approved By: _____	
(Signature of Superintendent/Designee)	(Date)