

**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.*

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