



Lakin USD #215

REQUEST FOR REIMBURSEMENT OF COLLEGE HOURS

Unified School District #215
1003 W. Kingman
Lakin KS 67860
Phone (620) 355-6761
Fax (620) 355-7317

I hereby make request for the approval of the following college hour(s):

Course Number _____

Course Title _____

College or University _____

Number of College Credit Hours _____

Cost Per Credit Hour _____ Total Cost _____

Beginning Date of Course _____
(Month, Day, Year)

1. Is this course for graduate credit? Yes _____ No _____

2. Can the hours be used for recertification? Yes _____ No _____

3. Please explain in detail how the additional hours will benefit the students.

Date of Request

Signature of Teacher

Approved for reimbursement
Amount approved _____

Signature of Principal

Not Approved

Signature of Superintendent