



PARAGOULD SCHOOL DISTRICT
APPLICATION FOR REIMBURSEMENT
COLLEGE CREDIT

DATE OF APPLICATION _____

NAME _____

COLLEGE ATTENDED: _____

DATE ATTENDED: _____

COURSE NAME: _____

DEPARTMENT: _____

COURSE #: _____ SEMESTER HOURS: _____

GRADE: _____ COST: _____

TEACHER SIGNATURE

APPROVED: _____ DATE APPROVED: _____

DISALLOWED: _____ DATE DISALLOWED: _____

DATE PAID: _____

CHECK #: _____

AMOUNT PAID: _____

***PLEASE ATTACH RECEIPT FOR TUITION COST AND YOUR FINAL
GRADE REPORT**