

WESTSIDE CONSOLIDATED SCHOOL DISTRICT
Tuition Reimbursement Application

Please complete the information below. Policy 3.6.1 and policy 8.14.1 govern the tuition reimbursement program. Please type information, print, and sign this form. Submit to the superintendent's office by the deadlines in the policy.

Date Submitted:

Employee Name:

Building / Dept:

Total years of contracted employment with Westside:

College degrees currently held (if applicable):

COURSEWORK INFORMATION FOR REIMBURSEMENT REQUEST

Name of Course:

Name of University / College:

Number of Credit Hours:

Estimated Tuition Costs (do not include fees):

How will your completion of this course benefit our students and school improvement efforts?

APPLICANT'S CERTIFICATION

I certify that the coursework submitted in this application meets the requirements in the Westside tuition reimbursement policy. If the application is approved, I will provide tuition payment receipts and official transcripts at the conclusion of the semester. I acknowledge that the transcript must show a grade of "B" or higher in order to receive reimbursement. I further agree to sign the non-interest bearing promissory note as required by policy.

Employee Signature

Date

OFFICE USE ONLY

Date Received:

Committee Decision: