

PLEASANT LOCAL SCHOOLS

COLLEGE TUITION REIMBURSEMENT REQUEST FORM

(TR-201)

NAME: _____ SCHOOL YEAR _____

SS # _____ BUILDING _____ DATE _____

COLLEGE INFORMATION

1. College/University _____
2. Department _____
3. Course Title _____
4. Course Number _____
5. Credit Hours _____ Semester OR _____ Quarter

REIMBURSEMENT INFORMATION

1. Evidence of course completion with a passing grade
This may be provided by certificate of completion, transcript, or official grade sheet.
2. Evidence of payment for coursework with a copy of the check and original bill or copy of the original receipt of payment showing the cost per credit hour.

Signature of Teacher _____ Date _____

Signature of Superintendent _____

_____ Approved _____ Disapproved

Reason: _____

Treasurer's Office:

Date Received _____

Date Paid: _____

Hours on this request: _____

Total hours for this individual _____

Payment approved: _____ Amount per hour _____

Total payment this request _____