



Twinsburg City School District

COURSE APPROVAL REQUEST FOR TUITION REIMBURSEMENT

Name _____ Date _____

Building _____ Years of Twinsburg District Employment _____

Course Title _____ Course No. _____

University/College _____ No. of Credits _____

Beginning _____ Ending _____ Cost of Course _____

Course related 1) Current Academic Field of Teacher & Assignment

2) Any Area of State Certification

3) Special Area of Study as justified to Superintendent

Explain if 3) _____

I verify the information as supplied above to be true.

Teacher _____

Approved

Not Approved

Superintendent

Date

PLEASE NOTE: REIMBURSEMENT will be made upon receipt of official transcript and proof of payment of course (** copy of receipt, canceled check, etc.).

** Course numbers and titles must be included on the Bursar's documentation. If that information is not printed on the form, the teacher is to write that information on the Bursar's documentation and initial the form.

All tuition reimbursement forms must be turned in before April 15th for the requisition to be processed.

OFFICE USE: Date Purchase Order Typed _____ Date Approved For Payment _____