TWINSBURG CITY School District COURSE APPROVAL REQUEST FOR TUITION REIMBURSEMENT		
Name	Do	ate
Building Years of Twinsburg District Employment		
Course Title	Co	ourse No
University/College	C	ost
	Ň	lo. of Credits
Semester Term: (ex	. FALL 2021)	
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		
Superintendent		Date
PLEASE NOTE: REIMBURSEMENT will be made upon receipt of official transcript and proof of payment for 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 15 th for the requisition to be processed.		
OFFICE USE: Date Pure	chase Order Typed Date A	approved For Payment

Revised 7/2021