

**CELINA CITY SCHOOLS
TUITION REIMBURSEMENT**

NAME: _____ **BUILDING:** _____

TEACHING ASSIGNMENT: _____

This certifies that between September 1 and August 31, I successfully completed the following courses, under the tuition reimbursement policy adopted by the Board of Education.

I did not receive reimbursement from another agency for the courses above and request reimbursement as provided by Board Policy.

<u>COURSE TITLE</u>	<u>COURSE NUMBER</u>	<u>SEM/QTR HOURS</u>	<u>TERM</u>	<u>UNIVERSITY</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OFFICIAL TRANSCRIPTS AND RECEIPT(S) MUST BE ON FILE BY SEPTEMBER 30TH OF EACH YEAR TO BE REIMBURSED.

STAFF MEMBER SIGNATURE: _____

SUPT'S SIGNATURE: _____ **DATE:** _____

TOTAL NUMBER OF HOURS: _____ **SEMESTER HOURS** _____ **QUARTER HOURS**

TOTAL APPROVED FOR PAYMENT AFTER REDUCTION: _____