

**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 & NUMBER</u> | <u>SEM HOURS</u> | <u>TERM</u> | <u>UNIVERSITY</u> | <u>AMOUNT PAID</u> |
|----------------------------------|----------------------|-------------|-------------------|--------------------|
|----------------------------------|----------------------|-------------|-------------------|--------------------|

_____ \$ _____

*Amount Paid for Tuition Only (other fees such as books, parking, etc. are not reimbursable) Please attach receipt.

| <u>COURSE TITLE & NUMBER</u> | <u>SEM HOURS</u> | <u>TERM</u> | <u>UNIVERSITY</u> | <u>AMOUNT PAID</u> |
|----------------------------------|----------------------|-------------|-------------------|--------------------|
|----------------------------------|----------------------|-------------|-------------------|--------------------|

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|----------------------------------|----------------------|-------------|-------------------|--------------------|
|----------------------------------|----------------------|-------------|-------------------|--------------------|

_____ \$ _____

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OFFICIAL TRANSCRIPTS AND RECEIPT(S) MUST BE ON FILE BY SEPTEMBER 30TH OF EACH YEAR TO BE REIMBURSED. (E-transcripts are not acceptable since as they are printed the word "COPY" makes them an unofficial transcript.)

STAFF MEMBER SIGNATURE: _____

SUPT'S SIGNATURE: _____ DATE: _____

TOTAL NUMBER OF HOURS: _____ SEMESTER HOURS

TOTAL APPROVED FOR PAYMENT AFTER REDUCTION: _____