

## TUITION REIMBURSEMENT

DATE \_\_\_\_\_

NAME \_\_\_\_\_

NUMBER OF YEARS EXPERIENCE IN EASTERN LOCAL SCHOOL DISTRICT \_\_\_\_\_

NAME AND NUMBER OF COURSE \_\_\_\_\_

NUMBER OF SEMESTER CREDIT HOURS \_\_\_\_\_

COLLEGE OR UNIVERSITY \_\_\_\_\_

-----**FORWARD ABOVE INFORMATION TO YOUR PRINCIPAL**-----

DATE RECEIVED \_\_\_\_\_

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

\_\_\_\_\_  
PRINCIPAL'S SIGNATURE

\_\_\_\_\_  
SUPERINTENDENT'S SIGNATURE