

Oak Grove School District #68
Course Approval / Tuition Reimbursement Request Form

Date of Request: _____

Employee Name: _____

Name of Institution/School: _____

Name of Course(s):

1. _____

2. _____

3. _____

Number of Credit Hours: _____

Explain how this course will be utilized in your classroom/professional enhancement:

Semester: Fall Spring **Academic Year:** _____ to _____ (Month/Yr.)

Amount of Tuition* (tuition only, no fees) \$ _____

***Copies of final grades and documentation of cost of tuition paid must be provided before reimbursement will be made.**

OFFICE USE

Approved

Denied

Principal's Signature

Date

Approved

Denied

Superintendent's Signature

Date