

**SCOTCH PLAINS-FANWOOD SCHOOL DISTRICT
COURSE REIMBURSEMENT FORM II**

TO: SUPERINTENDENT/DESIGNEE

DATE: _____

FROM: _____

LOCATION: _____

SUBJECT: _____

GRADE/ASSIGNMENT: _____

YEAR: _____ SEMESTER: _____

(Summer) _____ (Fall) _____ (Winter) _____

COMPLETE A SEPARATE FORM TO REQUEST REIMBURSEMENT FOR EACH COURSE

Tuition Cost: \$ _____ Credit Hours: _____ Tuition Cost Per Credit: \$ _____

Course Title: _____

Course Number: _____ Start Date: ____/____/____ End Date: ____/____/____

Name of Accredited College/University: _____

Address of Accredited College/University: _____

Is this a graduate level course? _____ YES _____ NO

Is this course part of a matriculating program? _____ NO _____ YES – DEGREE: _____

*****YOU MUST ATTACH THE FOLLOWING ITEMS*****

1. COPY OF APPROVED COURSE PRE-APPROVAL FORM I
2. OFFICIAL REPORT OF FINAL PASSING GRADE
3. RECEIPT SHOWING PROOF OF TUITION AMOUNT PAID FOR THE COURSE TAKEN

EMPLOYEE SIGNATURE: _____

Note: Your signature indicates that you are requesting reimbursement only for tuition that you have paid. If scholarships or grants were used to offset tuition, please advise the Personnel Office.

FOR SUPERINTENDENT OFFICE USE ONLY:

Date Received: _____

Not Approved: _____

Approved By: _____

(Signature of Superintendent/Designee)

(Date)