APPENDIX J

**TUITION ASSISTANCE REQUEST FORM**

NAME: DATE:

BUILDING:

PRESENT ASSIGNMENT:

AREA(S) OF CERTIFICATION/LICENSURE:

Description of requested course/College or University offering credit:

Date course begins (Courses beginning after August 31 will not be available for reimbursement until the next contract year):

Relationship to Applicant’s professional license and teaching position with District:

Number of Quarter Hours Semester Hours

Tuition Rate per Hour

I am not receiving financial aid or any other form of assistance with regard to the above course work. I further understand that in order to obtain reimbursement, I must submit an official transcript demonstrating a grade of at least a “B” in addition to actual paid receipts for tuition.

Teacher

Date of receipt of application Time of Receipt

 (NCR FORM)

Course Approved

Course Disapproved

 Date:

Superintendent/Designee

cc: Treasurer

 Member