

**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</u>	<u>COURSE NUMBER</u>	<u>SEM/QTR HOURS</u>	<u>TERM</u>	<u>UNIVERSITY</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**OFFICIAL TRANSCRIPTS MUST BE ON FILE BY SEPTEMBER 30<sup>TH</sup> OF EACH YEAR TO BE REIMBURSED.**

STAFF MEMBER SIGNATURE: \_\_\_\_\_

SUPT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TOTAL NUMBER OF HOURS: \_\_\_\_\_ SEMESTER HOURS \_\_\_\_\_ QUARTER HOURS

TOTAL APPROVED FOR PAYMENT AFTER REDUCTION: \_\_\_\_\_