

# Morrisonville Community Unit Dist. #1

## Approval of College Course Tuition Reimbursement

Date Submitted: \_\_\_\_\_

Name of College or University \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Course(s) to be taken-credit to be earned \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To be completed for reimbursement:

Course \_\_\_\_\_ # S.H. \_\_\_\_\_ @ \$ \_\_\_\_\_ Total \_\_\_\_\_

Course \_\_\_\_\_ # S.H. \_\_\_\_\_ @ \$ \_\_\_\_\_ Total \_\_\_\_\_

Course \_\_\_\_\_ # S.H. \_\_\_\_\_ @ \$ \_\_\_\_\_ Total \_\_\_\_\_

Grand Total \_\_\_\_\_

Teacher \_\_\_\_\_

Superintendent \_\_\_\_\_

(Teacher is to submit two copies of this form - At completion of course, one copy is to be re-submitted with proof of payment of fees and credit earned, 1 copy for teacher's file)