

Do not use this form.  
Please contact the  
treasurer's department  
for the 3-part form.

MIAMI TRACE LOCAL SCHOOL DISTRICT  
TUITION REIMBURSEMENT APPLICATION

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Current Assignment: \_\_\_\_\_ Building: \_\_\_\_\_

Title of Course: \_\_\_\_\_

Educational Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ School Year of Reimbursement: \_\_\_\_\_

Date of Course: \_\_\_\_\_ Number of Credit Hours: \_\_\_\_\_

(circle one) Semester: 1<sup>st</sup> 2<sup>nd</sup> Summer Quarter: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>

Brief Course Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Received: \_\_\_\_\_

Approved/Disapproved (circle one) Superintendent: \_\_\_\_\_

Treasurer: \_\_\_\_\_

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

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**TUITION REIMBURSEMENT**

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer

**Original receipt of payment and copy of grade report or official transcript must be attached. It is the employee's responsibility to submit official transcripts to the superintendent's office.**