

B.E.A. TUITION REIMBURSEMENT

NAME: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

SEMESTER: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

NUMBER OF CREDITS: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

Please attach a copy of an invoice showing the cost of the class and a report card showing successful completion of the class.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SUPERINTENDENT'S APPROVAL**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date