

SOUTHERN FULTON SCHOOL DISTRICT

Application to Determine Eligibility for Tuition Reimbursement

Date _____ Name _____

University or Educational Institution

Name _____

Address _____

Name and Number of Course	Number of Credits	Cost per Credit	Total Tuition
_____	_____	_____	_____
_____	_____	_____	_____

Starting Date _____ Ending Date _____

Attach a description of each course provided by the college or University, etc. State reason for taking the course (part of graduate degree program, for certification, etc.)

After course(s) has/have been taken, submit a "Request for Tuition Reimbursement" form.

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Submit to Building Principal

Date Approved for Reimbursement _____

Date Tuition Reimbursement Denied _____

Reason for Denial _____

Signature of Building Principal _____