

Wachusett Regional School District

REQUEST FOR TUITION REIMBURSEMENT

...in accordance with the collectively bargained agreement for the year ____ - ____.

Submit in Triplicate

To: Wachusett Regional School District

From:

EMPLOYEE

ADDRESS

Date:

Title of Course:

DATE

SCHOOL/UNIVERSITY

CITY/STATE

Grade (1) _____

Credits (1) _____

Tuition Costs (2) _____

Date of Prior Approval (3) _____

(1) Original Transcript Must Be Attached – One Copy Only

(2) Receipt of Payment of Tuition Must Accompany This Form – One Copy Only

(3) Copy of Prior Approval Must Accompany This Form – One Copy Only

For Office Use Only – Do Not Write In This Box

Reimbursement Due: \$ _____

Approved by: _____

SUPERINTENDENT OR DESIGNEE

DATE