

SWAIN COUNTY SCHOOLS TUITION REIMBURSEMENT FORM

Employee Name _____

Date _____

I am requesting reimbursement for tuition for the following course. I am aware that the reimbursement must have received prior approval in My Learning Plan and will be reimbursed for no more than the amount stated in approval. I have attached a transcript for the course documenting a grade of "B" or better and a receipt for payment of the tuition only.

COURSE INFORMATION

COURSE TITLE	COURSE #	CREDITS	START DATE	END DATE	COLLEGE/UNIVERSITY

Tuition _____

Payment Method _____

(Attach proof of payment)

CERTIFICATION:

I certify that the above information is true and accurate to the best of my knowledge and I have not received reimbursement for this course from any other source. I further understand that satisfactory evidence of successful completion of the course must be submitted in accordance with the above requirements.

Employee Signature

Date

Title II Director

Date

Internal Use Only

Amount Pd.	Check No.	Date