



# CORRY AREA SCHOOL DISTRICT

## TUITION REIMBURSEMENT REQUEST

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

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Building: \_\_\_\_\_

College ID # \_\_\_\_\_

### COURSE INFORMATION

Provider: \_\_\_\_\_

Institution Name: \_\_\_\_\_

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

Course Code: \_\_\_\_\_

Course Dates: Start Date: \_\_\_\_\_

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

Credit Per Course: \_\_\_\_\_ Cost Per Credit: \_\_\_\_\_

Tuition Rate used for reimbursement is set at Edinboro's rate at the time the course is taken.

Total Reimbursement: \_\_\_\_\_

Reimbursement Made Out To: \_\_\_\_\_

**NOTE:** You must attach a copy of your grades, course invoice or proof of payment for this course.

Account No. \_\_\_\_\_

Business Manager Signature \_\_\_\_\_

Date \_\_\_\_\_

Superintendent Signature \_\_\_\_\_

Date \_\_\_\_\_

Central Use ONLY