Baker School District 5J

Tuition Reimbursement Request

With attached grades by July 1 (Baker Education Article XVII, A, 4-9)

Date of Request: ___________________________ College/University: _________________

Make Reimbursement To: _________________ Course: _________________

Amount to be Reimbursed: _________________ Grade: _________________

Credit Hours: ______ Semester or Quarter
Max. 6 Qtr. Credits per year

PLEASE BE SURE ALL SUPPORTING RECEIPTS AND DOCUMENTS (INCLUDING GRADES) ACCOMPANY THIS SIGNED REIMBURSEMENT REQUEST

Employee’s Signature: ____________________________________________

Principal’s Approval: ____________________________________________

Superintendent’s Approval: ________________________________________

FOR DISTRICT OFFICE USE ONLY

Form 240 Received: ____________ Amount of Reimbursement: ____________

Transcripts Received: ____________

Tuition Receipt Received: ____________

Approved: _________________

Date Approved: _________________