

**CARROLLTON EXEMPTED VILLAGE SCHOOL DISTRICT  
252 THIRD STREET N.E., CARROLLTON, OHIO 44615-1236**

**REQUEST FOR TUITION REIMBURSEMENT**

NAME \_\_\_\_\_

BUILDING OR ASSIGNMENT \_\_\_\_\_

NAME OF COURSE AND COURSE NUMBER \_\_\_\_\_

UNIVERSITY/COLLEGE \_\_\_\_\_

TOTAL NUMBER OF HOURS \_\_\_\_\_

TOTAL COST OF CLASS \_\_\_\_\_ (CIRCLE ONE) Semester or Quarter

COURSE DESCRIPTION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE OF COURSE \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_

EMPLOYEE'S SIGNATURE \_\_\_\_\_

DATE RECEIVED BY SUPERINTENDENT \_\_\_\_\_

SUPERINTENDENT'S SIGNATURE \_\_\_\_\_

This form and transcript from the above course are to be turned into the CEA Tuition Reimbursement Committee (TRC) by August 15.

The amount of reimbursement that an individual teacher will receive will be determined by the total number of professional growth dollars for that year divided by the total number of hours turned into the committee. Reimbursement will not exceed the amount paid by the certificated employee.

REIMBURSEMENT AMOUNT AS DETERMIND BY THE TRC \$ \_\_\_\_\_

DATE RECEIVED BY TREASURER OFFICE FOR REIMBURSEMENT \_\_\_\_\_