

SCHOOL DISTRICT OF JEFFERSON
JEFFERSON, WISCONSIN

COURSE TUITION REIMBURSEMENT FORM – MASTER’S + 30

NAME:		BUILDING:	
COURSE TITLE:		# OF CREDITS:	
COLLEGE/UNIVERSITY:		FEE:	
COURSE TITLE:		# OF CREDITS:	
COLLEGE/UNIVERSITY:		FEE:	
COURSE TITLE:		# OF CREDITS:	
COLLEGE/UNIVERSITY:		FEE:	
TOTAL FEES:			\$

*Please submit with this form a copy of your canceled check or paid receipt
for course fees and a copy of your grade sheet/transcript.*

SIGNED: _____

DATE: _____

(DISTRICT OFFICE USE ONLY)

DEGREE: _____

LOCAL YRS. OF EXPERIENCE: _____

CAREER LADDER PLACEMENT: _____

COURSE APPROVAL ON FILE: _____ YES _____ NO

APPROVED: _____

DATE: _____

AMOUNT TO BE REIMBURSED: _____

ACCT. # _____

_____ FILE COPY

_____ BOOKKEEPING COPY

