

**Canby School District**

**CLASSIFIED  
TUITION REIMBURSEMENT REQUEST**

Applicant's Name \_\_\_\_\_ Employee # \_\_\_\_\_ Date \_\_\_\_\_

Job Title \_\_\_\_\_ School \_\_\_\_\_

Course Title\* \_\_\_\_\_ Tuition Cost\* \_\_\_\_\_

Course Number \_\_\_\_\_ Date Course Begins \_\_\_\_\_ Ends \_\_\_\_\_

# of Credits \_\_\_\_\_ Quarter \_\_\_ or Semester \_\_\_ In District \_\_\_ Out of District\*\* \_\_\_

**\*Please attach copy of course description and fee schedule or tuition receipt.**

\*\*Name of Institution \_\_\_\_\_

RATIONALE: Explain how this course relates to your assignment and/or supports your professional goals.

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For consideration of approval, this request must be in the Personnel Office prior to the beginning of the course.

Applicant's Signature \_\_\_\_\_

Principal/Director Signature \_\_\_\_\_

PREPAYMENT: "...If after receiving prepayment of tuition you are unable to provide evidence of successful completion of the course, reimbursement to the District will be in the form of payroll deduction..." Article 21.4.

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[DISTRICT OFFICE USE ONLY]

Credit Hours Used Current Year \_\_\_\_\_

Credit Hours Still Available \_\_\_\_\_

District Approval \_\_\_ \_\_\_\_\_

District Rejection \_\_\_ Authorized Signature \_\_\_\_\_

Comments: \_\_\_\_\_

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