

# GATEWAY REGIONAL HIGH SCHOOL DISTRICT

## PRIOR APPROVAL FORM REQUEST FOR TUITION REIMBURSEMENT [Please limit your request to one semester/quarter only per form.]

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

Current Teaching Assignment (Grade/Subject): \_\_\_\_\_

Current Degree Status: \_\_\_\_\_ College/University: \_\_\_\_\_  
[Where course(s) will be taken]

Teaching License(s) Held: \_\_\_\_\_

Planning to Attend: Summer I  School Year: \_\_\_\_\_  
[check only 1 per sheet] Summer II  [July 1-June 30]  
Fall   
Spring

### COURSE(S) REQUESTED FOR REIMBURSEMENT PER SEMESTER [Please attach course description(s) or syllabus or each class.]

	Credit Hours: _____	Cost per Credit Hour: _____	Total Tuition* Cost: _____
1. _____			
2. _____			

*\*Total Cost of Tuition ONLY. [Do NOT include extra fees such as books, service fees, etc.]*

Reason for selecting course(s): \_\_\_\_\_

Value to District: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Superintendent's Signature

Date: \_\_\_\_\_ Approved   
Disapproved

**FOLLOWING COMPLETION OF COURSE(S) WITH PRIOR APPROVAL, YOU MUST SUBMIT THE FOLLOWING TO THE OFFICE OF THE SUPERINTENDENT WITHIN 60 DAYS TO RECEIVE REIMBURSEMENT:**

1. Payment Receipt From College/University With Tuition Breakdown
2. Official Transcript
3. Signed White District Voucher