TUITION REIMBURSEMENT FORM CERTIFIED STAFF COLLEGE COURSE WORK

For precise wording, please see Section VIII.F, on pages 45 - 47 of the "Agreement between Board of Education, Proviso Township High Schools, District 209, Cook County, Illinois, and Proviso Teachers' Union, Local 574, American Federation of Teachers, AFL-CIO.

Name Signature			Date		
Reimbursement is requested	for:				
College or University	Name of Course	Course Number	Grade	Tuition	Date Completed
1.					
2.					
3.					
4.					
5.					
	For Office Use O	-			oursement
Course Preapproval	For Office Use O	-			oursement mount
Course Preapproval Official Transcripts		-		A	
		-		1.	
Official Transcripts		-		1. 2.	
Official Transcripts Tuition Bill		-		1. 2. 3.	
Official Transcripts Tuition Bill		nature		1. 2. 3. 4.	