Seymour Board of Education
Tuition Reimbursement Form

To be completed by Business Office:

Account to be Charged: 1-01-240-7000-000
Amount: __________________________

To be completed by employee:

Name: ___________________________________________ Date: __________________________

Name of College / School: _________________________________________________________

Number of Credits: ______________________________________________________________

Course Description

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<th>Course Description</th>
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Employee Signature _____________________________________________________________

School

A Planned Program Form must be completed and signed by your academic advisor and by the Superintendant of Schools. It must be on file in the Superintendent's Office. Proof of completion of courses must be attached to this form for reimbursement. On-line course grades detail, unofficial transcript or official transcript is acceptable.

The current rate of reimbursement can be found in the current Teachers Contract.

Approval(s):

Principal/Dept. Head: ________________________________

Associate Superintendent: __________________________

Superintendent: ____________________________________

Return the completed form to the Business Manager in Central Office.