

FAIRFIELD COUNTY EDUCATIONAL SERVICE CENTER  
Application for Tuition Reimbursement

Employee Name \_\_\_\_\_

University \_\_\_\_\_

Call Number \_\_\_\_\_ Course Name \_\_\_\_\_

Date of Course (Identify Quarter or Semester)

\_\_\_\_\_ Quarter, Year \_\_\_\_\_ Semester, Year \_\_\_\_\_

First day of class: \_\_\_\_\_

Short Description of Course: \_\_\_\_\_

Check One: \_\_\_\_\_ Graduate \_\_\_\_\_ Undergraduate

Number of quarter/semester hours for which you are requesting reimbursement: \_\_\_\_\_  
(circle one)

Cost per quarter/semester hour: \_\_\_\_\_  
(circle one)

Number of hours for which you have been reimbursed this fiscal year:

\_\_\_\_\_ quarter \_\_\_\_\_ semester

Employee Signature \_\_\_\_\_

Please submit a completed, signed copy of this form to the Superintendent a minimum of two weeks before you begin the course. After the course is completed, submit a copy of your grade slip and proof of payment to the Treasurer's office.

\_\_\_\_ **APPROVED**      \_\_\_\_ **DENIED**

Reason for Denial \_\_\_\_\_

Superintendent Signature \_\_\_\_\_