

## TITLE II TUITION REIMBURSEMENT REQUEST

Please complete and submit to DCS Federal Programs Department.

Name: \_\_\_\_\_ School: \_\_\_\_\_

Email: \_\_\_\_\_ Current Position: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Registration Deadline: \_\_\_\_\_

Name of College: \_\_\_\_\_ Location: \_\_\_\_\_

Course(s) Completed:

1.) \_\_\_\_\_  
course name/description course code

2.) \_\_\_\_\_  
course name/description course code

Please attach the following:

original tuition receipt

Tuition Amount: \$ \_\_\_\_\_

original textbook receipt

Cost for Textbook(s): \$ \_\_\_\_\_ +

copy of final grades or transcript

Total Reimbursement: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of person making request Date

\_\_\_\_\_  
Principal's signature Date

### FOR FEDERAL PROGRAMS USE ONLY

\_\_\_\_ APPROVED      \_\_\_\_\_ NOT APPROVED: \_\_\_\_\_

\_\_\_\_ Federal Programs Director      \_\_\_\_\_ Date      \_\_\_\_\_ Associate Superintendent      \_\_\_\_\_ Date

Fund \_\_\_\_\_      Function \_\_\_\_\_      Unit \_\_\_\_\_      Object \_\_\_\_\_