



Ledyard Administrator's Association Tuition Reimbursement Form

Name: _____ Date Submitted: _____
(Please Print)

College/University: _____

Signature of Applicant: _____

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| <u>Course Dates:</u> |              | <u>Course Number &amp; Course Title</u> | # of Credits | Cost Per Credit | Total Tuition Paid (No Fees) |
|----------------------|--------------|-----------------------------------------|--------------|-----------------|------------------------------|
| <u>Started</u>       | <u>Ended</u> |                                         |              |                 |                              |
| _____                | _____        | _____                                   | _____        | _____           | _____                        |
| _____                | _____        | _____                                   | _____        | _____           | _____                        |

Total Reimbursable amount  
is 85% (up to 15 credits per  
fiscal year). \$ \_\_\_\_\_

**Please attach the following documentation to this form:**

- 1) Evidence of tuition payment (no fees) - **must** list the name of the College/University, course name and number, form of payment, and payment date.
- 2) Final Grade- documentaion showing successful completion of course work
- 3) Copy of the school's current graduate tuition rate by course credit

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For Use by Superintendent's Office Only

Approval of Superintendent _____
Superintendent

Date