



Ledyard Education Association Tuition Reimbursement Form

Name: _____
(Please Print)

Date Submitted: _____

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 @50%  
(up to 15 credits per calendar 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- documentation showing successful completion of course work
- 3) Copy of the school's current graduate tuition rate by course credit

**LEA Contract: \*Section 70.8—Reimbursement for Courses - “A request for credit reimbursement, together with acceptable substantiation, will not be acceptable if received later than the second week in June, and may not be applied for in the following year.” See Contract regarding summer courses.**

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For Use by Superintendent's Office Only

Approval of Superintendent _____
Superintendent

Date