| VENDOR # | PO# |
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INTERBORO SCHOOL DISTRICT

TUITION REFUND AND/OR RECLASSIFICATION REQUEST

| Name | | | Employee a | #: | Date |
|--|---|---|--|--|---|
| Home Addre | SS | | School: | | |
| City/State/Zi | p Code | | Position: E | Elem (P-5) | OR Sec (6-12) |
| List of cours | es for which refund is requested: | <u>CREDI</u> | <u>TTS</u> | COST | DATE COMPLETED |
| Courses to be | e applied to salary reclassification: | | <u>CREDITS</u> | | |
| | f the above course(s), are you requestin YES (Specify new classification) | ng salary | | ation? | |
| A letter from | ease indicate the date on which you <u>con</u> n the College/University must be sup at the next classification. : Effective | oplied to | verify the | completion of | f last course taken that |
| 1. <u>O</u> m 2. <u>B</u> ta 3. <u>C</u> If request is 1. <u>O</u> m 2. <u>L</u> th th | for tuition reimbursement, submit to <u>official transcript</u> showing courses con- nust clearly indicate that the courses han <u>ursar's receipt(s)</u> which indicated nam- ken, and cost for which reimbursement <u>copy of Prior Approval and Complet</u> for reclassification, submit the follow <u>official transcript</u> showing courses con- nust clearly indicate that the courses han <u>etter</u> from the institution or letter certi- tione date of the course or in-service credit the institution or professor will initiate to then it becomes available. | mpleted we been me of cou- it is being ion in F wing: mpleted we been ified by co it was co | and advance taken on a g urse, numbe g requested. rontline. and advance taken on a g college seal mpleted. Ir | graduate level er of credits ea NO FEES ed degrees awa graduate level from the teach in the case of co | arded to date, (The transcript) hing professor indicating ollege credits, the letter from |

| Percent of tuit | on = Amount of refund: | Date |
|-----------------|------------------------|------|
|-----------------|------------------------|------|

Approved by: _

Name_