

Clinton County Board of DD

Application For Tuition Reimbursement

NOTE: Approval for tuition reimbursement must be obtained from the Superintendent not later than ten working days before the course(s) begins.

Name _____ Date of Application _____

Job Title/Department _____

Reason for Coursework:

- Recertification/licensure Upgrading License/Certification
 Improve Job Performance Technology Update
 Other (please specify) _____

College or University _____

Title of Course (Current Term Only)	Course Number	Quarter Or Semester	Term (S, F, W, SP)	Credit Hours	Cost Per Hour	Graduate (G) Or UnderGraduate(U)

Briefly state how this course or courses will benefit CCBDD Consumers: _____

Signature: _____

FOR OFFICE USE ONLY

approved not approved
 Reimbursement approved in the amount of \$ _____, subject to successful completion
 Of the coursework and stipulations of Board Policy .
 _____ Superintendent _____ Date