

**RED BUD C.U.S.D. #132
OFFICE OF THE SUPERINTENDENT
815 LOCUST STREET
RED BUD, ILLINOIS 62278
(618) 282-3507**

APPLICATION FOR COURSE APPROVAL AND/OR TUITION REIMBURSEMENT

_____ Applying for course approval Semester _____

_____ Applying for tuition reimbursement Year _____

Name _____

University/College _____

Course Number: _____ Number of Semester Hours: _____

Course Name: _____

Course Description:

Reason for taking course(s):

- For reimbursement, please send a copy of your tuition payment receipt to Kim Schaefer.
- When the course is completed, please submit record of grade or unofficial transcript. Tuition reimbursement will be paid at that time. By signing below, I agree to continue employment with Red Bud CUSD #132 for three years, and if not reimburse the district for the cost of the course.

Date _____ Signature of Requester: _____

<u>Course</u>		<u>Tuition</u>	
_____	Approved	_____	Approved
_____	Not Approved	_____	Not Approved

Superintendent: _____ Date: _____