

APPENDIX 14
Maple Heights City Schools
PRE-APPROVAL FORM
TUITION REIMBURSEMENT PROGRAM

Employee's Name: _____ Date: _____
(For Office Use Only)

College/University offering coursework _____

Official Course Number _____ Number of Hours _____ *(semester/quarter)*

Name of Course *(enclose a copy of the official course description which includes the class start date)*

Quarter/semester and year course will be taken _____

Course offered as a pass/fail only? _____

If you answered Yes above, documentation must be included with this form.

Is another organization/agency providing assistance with your tuition? _____

If Yes, name of organization/agency _____

Details of assistance provided _____

Employees' signature: _____

Hours _____ Approved: _____

Reason for denial: _____

LPDC Chairperson _____
(or Designee) *(Signature)*

Superintendent _____
(or Designee) *(Signature)*