

**Final Approval of Tuition Reimbursement**  
**Submit at least two weeks prior to attending class/workshop**

Name \_\_\_\_\_ Grade and/or subject area \_\_\_\_\_

The School/University from which one expects to receive graduate credit \_\_\_\_\_

1. Check correct one(s):

\_\_\_\_\_ Graduate credits will be earned during the regular school year. During which quarter/semester of the year: (please circle) fall, winter, spring, summer, other approximate dates \_\_\_\_\_  
Attach course descriptions and/or brochure information.

\_\_\_\_\_ Graduate credits will be from the earning of credit by attending a workshop. The name and dates of this workshop are \_\_\_\_\_  
Attach course descriptions and/or brochure information

\_\_\_\_\_ Graduate credits will be earned through the completion of Western Oregon University's Small Schools Institute during June of \_\_\_\_\_. Attach the specific selections taken at the Small Schools Institute.

Please answer questions 2, 3, & 4 on the back of this form.

- 2. How will this benefit your students?
- 3. How will this benefit the school/district?
- 4. How will this benefit you?

Please list the cost of tuition.

\_\_\_\_\_ graduate credits

\_\_\_\_\_ x cost per graduate credit

\_\_\_\_\_ = Total reimbursement requested

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent's approval \_\_\_\_\_ Date \_\_\_\_\_