

CAROLINE COUNTY PUBLIC SCHOOLS

16261 Richmond Turnpike Bowling Green, Virginia 22427

REQUEST FOR TUITION REIMBURSEMENT

APPLICANT FOR TUITION REIMBURSEMENT, PLEASE COMPLETE:

NAME: _____

ADDRESS: _____

Upon successful completion of the approved course, ask your instructor to provide the information requested below.

Director of Human Resources and Student Services

Caroline County Public Schools

16261 Richmond Turnpike

Bowling Green, Virginia 22427

INCOMPLETE REQUESTS CANNOT BE PROCESSED

I certify that I, _____ have completed the requirements for the course: _____ on _____

with a grade of _____.

Date: _____

Instructor Name: _____

College or University: _____

For Office Use Only:

Approved by: _____ Date: _____

Charge to: _____ Amount: _____