



TUITION REIMBURSEMENT PRE-APPROVAL FORM

SUBMIT PRE-APPROVAL FORM TO SUPERVISOR PRIOR TO TAKING COURSE

Name: _____ Date: _____

Institution: _____

Course Title: _____

Course #: _____ Course Cost: _____

Course Start Date: _____ Course End Date: _____

For Purpose of Certification/Licensure in (area):

_____ Approved _____ Disapproved

Estimated amount approved for reimbursement: _____

WCCC Supervisor Date

Superintendent Date

Treasurer Date

Within thirty (30) days of completion of course, return copy of pre-approval form along with course grade report and receipt of tuition payment to Treasurer's Office.