ADDENDUM NUMBER 5

TRI-COUNTY NORTH LOCAL SCHOOL DISTRICT

COLLEGE CREDIT REIMURSMENT REQUEST

**Tuition reimbursement is subject to the advance approval of the superintendent.**

Name (print): Building:

Date(s) class meets:

Course Title:

Number of hours: Semester Quarter

Name of college or university issuing credit:

Location:

Reason for attending:

Expenses Requested: Substitute Yes No

Tuition: $

College/University fees: $

* **Requisition and expense forms MUST be filled out for reimbursement.**

Teacher’s Signature: Date:

Principal’s Signature: Date:

\*\*Only if substitute is needed

Superintendent’s Signature: Date: