

**ELIDA LOCAL SCHOOLS
PROFESSIONAL DEVELOPMENT FUND
TUITION REIMBURSEMENT**

NAME: _____ DATE: _____

COURSE TITLE: _____

COLLEGE/UNIVERSITY: _____

HOURS: Quarter Hours _____ Semester Hours _____

COURSE DESCRIPTION: _____

QUARTER/SEMESTER TAKEN: _____

COURSE BEGINNING DATE: _____

TEACHER'S SIGNATURE: _____

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_____ Approved for reimbursement in: ____ January ____ September

_____ Not approved

Comments: _____

Superintendent's Signature

Date