

FALLS CHURCH CITY PUBLIC SCHOOLS
Falls Church, Virginia

APPLICATION FOR COURSE APPROVAL

Please check one

TUITION REIMBURSEMENT

TUITION WAIVER

Name _____

Date _____

Location _____

Position _____

Institution Offering Course

Course No. and Title

Beginning Date of Course

Ending Date of Course

Semester Hours Credit

Tuition & Fees/Waiver

RATIONALE FOR REQUEST:

For this application to be considered, the applicant must describe the relationship between his/her position assignment and course description.

I have taken _____ hours of credit this fiscal year and received a tuition reimbursement or waiver.

Signature of Applicant

ASSESSMENT OF VALUE OF COURSE TO EMPLOYEE:

Date

Principal/Program Supervisor

Comments: _____ Amount Approved _____ Reimbursement contingent on available funds. _____ Tuition Waiver _____ Not Approved

Hours taken: _____ Summer

_____ Fall

_____ Spring

Superintendent or Designee

Date