

# Application for Reimbursement Continuing Education

Name: \_\_\_\_\_

Please attach grade card or college transcript to this form and list courses taken below:

Course	Completion Date	Credit Hours

Total Credit Hours \_\_\_\_\_

@ \$125.00 per credit hour = \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Teacher

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent

Date: \_\_\_\_\_