

Tuition Reimbursement Form

CLEAR CREEK INDEPENDENT SCHOOL DISTRICT
P.O. Box 799, League City, Texas 77574

Degree Pursuing: ☐ Bachelors ☐ Masters ☐ Doctorate **Major:** _____

☐ Other Explain _____

☐ I request reimbursement approval for the following course(s) under Board Policy DMC(LOCAL)
The course(s) ☐ is/are ☐ is/are not related to my assignment.

☐ I request reimbursement approval for the following course(s) leading to educator certification
in accordance with Board Policy DMC(LOCAL).

**** An Official Transcript & Degree Plan *must* be submitted to the Business Services Office****

Name of Course	Course Number	University-College Institute	Start/End Date of Course	Credit Hours

This is in accordance with the Clear Creek School District Continuing Professional Education Policy.

Print Name

Employee Signature

Employee ID

Campus/Department

Position

Date

APPROVED BY: _____
Principal/Supervisor

Date ☐ Yes ☐ No

Assistant Superintendent

Date ☐ Yes ☐ No