



BLACK HAWK AREA  
SPECIAL EDUCATION DISTRICT

**BHASED**

Christan Schrader - Director

4670-11TH STREET  
EAST MOLINE, IL 61244-4432  
(309) 796-2500  
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**REQUEST FOR TUITION REIMBURSEMENT**

I am requesting tuition reimbursement for a college course completed. I understand that in order to receive reimbursement I must have: been approved for reimbursement prior to initiating the course, submit a receipt indicating I have paid for the course, and submit a transcript indicating successful completion of the course.

**Note: Reimbursement amount will be limited to the employee's professional development funds available each school year and at the time of the request for reimbursement.**

\_\_\_\_\_  
Course Number/Name

\_\_\_\_\_  
College/University

\_\_\_\_\_  
Amount of Reimbursement Requested

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

*\*\*Any transcripts submitted 1 year after course end date will be subject to administrative approval.\*\**

\*\*\*\*\*

**FOR OFFICE USE ONLY**

\_\_\_\_\_ Reimbursement approved in the amount of \$\_\_\_\_\_

\_\_\_\_\_ Reimbursement not approved due to \_\_\_\_\_

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date