

Tuition Pre-Payment & Reimbursement

SAU 56 Somersworth

I, _____ employed by the _____

School District, request (check one)

Pre-payment to Institution: _____

Reimbursement to Applicant: _____

I understand that the Board shall pay for courses at the resident rate currently in effect at the University of New Hampshire, up to a maximum of 8 *Credits per year*. The courses must be completed with a grade of B or better and have been approved in advance by the Superintendent of Schools or his/her designee. The Board prepays courses taken during the school year and summer courses are reimbursed. The District does not reimburse registration fees, lab fees, books, and supplies.

Course Institution Attending: _____

Course Title: _____

Number of Credit Hours: _____ *Course Start Date:* _____

Cost of Course: \$ _____

Applicant's Signature

Date: _____

Superintendent/Business Administrator

Date _____

Approved: _____

Disapproved: _____

Pre-payment will be made directly to the educational institution upon receipt of invoice mailed to:

Personnel
SAU 56
51 West High Street
Somersworth, NH 03878

Grade report must be submitted to Personnel.