

Tuition Pre-Payment & Reimbursement

SAU 56 Somersworth School District

I, _____ employed by the _____
Name *School*

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: Yes: _____ No: _____

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

Attn: Personnel
SAU 56
51 West High Street
Somersworth, NH 03878

Grade report must be submitted to Personnel.