



COUNCIL OF SCHOOL OFFICERS
AMERICAN FEDERATION OF SCHOOL ADMINISTRATORS,
LOCAL 4 (AFL-CIO)



TUITION REIMBURSEMENT FORM
MAXIMUM REGISTRATION REIMBURSEMENT: \$500 PER SEMESTER

DATE:

NAME:

POSITION TITLE:

HOME ADDRESS:

CITY:

STATE:

ZIP CODE:

HOME PHONE NUMBER:

CELL PHONE NUMBER:

NAME OF SCHOOL:

PHONE NUMBER:

NAME OF COLLEGE/UNIVERSITY:

COURSE TITLE:

COURSE DATES:

REIMBURSEMENT AMOUNT (ATTACH RECEIPT):

COURSE DESCRIPTION: