

Tuition Program Application Form

This application is submitted to participate in the San Benito County Office of Education Tuition Reimbursement Pilot Program. I understand and agree to all of the requirements and conditions of the program.

Name

Date

Institution

Course (Please attach a copy of the Course Description.)

Starting Date (From)

Completion Date (To)

Please describe how this course will meet the criteria outlined in the Tuition Reimbursement Program:

Approve
 Disapprove

Approve
 Disapprove

Site Administrator

County Superintendent

Date _____

Date _____