



PO # \_\_\_\_\_

TUITION ASSISTANCE REQUEST

PROCESSING GUIDELINES:

1. The employee must fill out this form completely.
2. The employee must forward the completed form to the Office of the Superintendent two weeks prior to the tuition due date.
3. The Office of the Superintendent will return the completed purchase order to the employee.
4. The employee is responsible for sending the purchase order to the university/college bursar.
5. No late fees will be paid by Alleghany County Public Schools.
6. In the event that an employee elects not to enroll in the course, does not complete the course or fails the course, the Office of the Superintendent must be notified immediately and any appropriated funds must be repaid to Alleghany County Public Schools.
7. Assistance will be paid for three (3) graduate credits per the five-year recertification cycle, at the state school rate.

EMPLOYEE NAME AND ADDRESS:

UNIVERSITY/COLLEGE NAME AND ADDRESS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HOME SCHOOL:

STUDENT I.D. AT THIS UNIVERSITY/COLLEGE:

\_\_\_\_\_

\_\_\_\_\_

SEMESTER AND YEAR:

\_\_\_\_\_ Fall

\_\_\_\_\_ Spring

\_\_\_\_\_ Summer

\_\_\_\_\_ Year

COURSE NUMBER	COURSE TITLE	CREDIT HOURS	TUITION
			\$
			\$
			\$

Total Fee \$ \_\_\_\_\_

Purpose for taking this course(s): \_\_\_\_\_ Recertification \_\_\_\_\_ Add-on Endorsement

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

REGISTRAR: Tuition payment will be made by Alleghany County Public Schools to the billing office of your institution. Please invoice the Office of the Superintendent by referencing the purchase order number within 30 days.

TOTAL AMOUNT APPROVED \$ \_\_\_\_\_

Account Code: \_\_\_\_\_

\_\_\_\_\_  
Superintendent / Date

\_\_\_\_\_  
Director of Human Resources / Date