



OIL CITY AREA SCHOOL DISTRICT

Excellence in Education

825 Grandview Road Oil City, PA 16301 Phone:814-676-1867

REQUEST FOR REIMBURSEMENT OF CREDIT HOURS

(Total reimbursement OR balance of advanced payment)

Name: _____ Date: _____

Building: _____

College or University Attended: _____

Course Title or Description: _____

Date Course Completed: _____

Total Credit Cost: _____

PLEASE NOTE: The district reimburses the tuition amount only. Fees charged by the college/ university should not be included for credit reimbursement.

Have you received advanced credit payment (50%) for these credits from the Oil City Area School District?

Yes No

If Yes, balance due: _____

PLEASE NOTE:

Please attach a receipt voucher and/or canceled check from the school attended as well as evidence of successful completion of the credit hours for which payment is requested.

Approved by: Principal: _____ Date _____

Superintendent: _____ Date _____

For Admin Office Use: Date Received: _____ Date Entered: _____ Submitted: _____