



Bluffview Montessori

Employee (non-Montessori) Tuition Reimbursement Request Form

Name:	
Position:	
Total amount requested:	
Signature:	Date Signed:

COURSES AND CREDITS (official transcripts required)					
Date	University or College	Title	Semester Credits	Grade	Total Credits

Please complete and submit this form with your signature to the Head of School for approval. Attach your official university transcript. This form with accompanying documents must be received by **May 1** in the fiscal year before reimbursement payments begin as requested.

To be completed by the Head of School:

☐ **Reimbursement Approved**

☐ **Reimbursement denied until the following stipulation is met:**

Head of School

Date