

Washington Academy Course Approval & Reimbursement Form

*Please see back page for comprehensive contract rules.

Title of Course:

Description of Course:

College/University:

Date/Time Frame of Course:

Reason for Course:

Cost of Course:

Employee: _____ Date _____

Head of School: _____ Date _____

Business Office Use Only:

Transcript Received _____ Grade _____

YTD Reimbursements _____

Amount Paid _____

Date Paid _____