

**Farmington River Regional School District
555 North Main Road, Otis, MA 01253
(413) 269-4466**

COURSE REIMBURSEMENT REQUEST

Name _____

Course Taken _____

Number of Credits Earned _____

Course Taken At _____

Date Completed _____

Signature

Please attach a copy of your grade report and proof of payment to this form.
Reimbursement will equal the cost of the course as indicated on the bill submitted, not to exceed the current tuition rate at Westfield State College.

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To be completed by the Superintendent's Office:

_____ credits reimbursed at _____

Amount Paid \$ _____ Check # _____

Date _____