

Reimbursement for College Credit



South Williamsport Area School District
 515 West Central Ave.
 South Williamsport, PA
 17702

Phone: 570-327-1581
 Fax: 570-326-0641
 www.swasd.org

Name	
School	
Date Submitted	

Proof of payment and course transcript must be submitted along with this request.

Begin Date	End Date	Course Title & Number	Grade Earned	Credits

University where course(s) taken

Total Reimbursement Requested for above course(s)

Additional Comments if Necessary:

Superintendent

Date

Approved

Denied

Internal Use Only

Amount Paid	Check No.	Date