



**Tri-County Special Education Joint Agreement
Jackson, Perry & Union Counties**

1725 SHOMAKER DRIVE Murphysboro, Illinois 62966

Phone: 618-684-2109 FAX: 618-687-1638 C.W. (Chuck) Hamilton, Director

Payment for Coursework Request Form

| | | | |
|---|--|------------------------------------|----------------------|
| Last Name | | First: | MI: |
| DOB: | | Address: | |
| Current Assignment: | | City, Zip | |
| Years Employed by Tri-County: | | Telephone: | |
| Current Certification: | | Degree/Certification Being Sought: | |
| Community College / University Attending: | | | |
| Class Requested (per Tri-County approval) | | Semester: | \$ Amount Requested: |
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Reimbursement WILL NOT be approved unless a copy of the FAFSA, Pell Grant, & other forms of financial aid applied for and/or received is attached to this form for every semester requested.

ONE COLLEGE/UNIVERSITY and ONE SEMESTER PER REQUEST

Office Use Only

Waiver # _____

Payment or Reimbursement \$ _____
Total

Tri-County Coordinator

Date

APPROVED NOT APPROVED

Tri-County Director

Date