

Request for Graduate Pay Reimbursement
Grand Valley Local Schools

Name: _____

School Year: _____

Dates of Class <small>(must be between 9/1 - 8/31)</small>	Name of Institution	Name of Class	Number of Semester Hours <small>Maximum = 6</small>	Number of Quarter Hours <small>Maximum = 9</small>

A transcript/report card must be provided after successfully completing **each** class as well as proof of payment for the class by **September 15** of the reimbursement year.