

TURTLE MOUNTAIN SCHOOL DIVISION	2-AA
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Reimbursement for Course

Name:	
Course:	
Institution:	
Duration of Course:	
Registration Fees:	

Waiver

I, _____ agree to provide Turtle Mountain School Division with my transcript for the above-noted course upon completion. I further agree if I do not successfully pass this course I am responsible for all fees and related costs incurred and grant Turtle Mountain School Division permission to deduct all monies paid on my behalf for this course directly from my pay. A payment schedule is available upon request.

Dated at _____, Manitoba, this ____ day of _____, 20_____.

Witness

Signature