LABBB
Collaborative Programs
Since 1974

REQUEST FOR TUITION REIMBURSEMENT FORM

After registering for class(es), complete and submit this form along with a copy of the course syllabus to your respective Program Director.

Name: _____ Job Title: _____

Program: _____ School: _____

Session Starting Date: _____ Session Ending Date: _____

Course No.	***Course Title***	***Units***	***Tuition***

Total Tuition (this session) $_____

Total Amount Requested $_____ (Max. $500.00)

Employee Signature: _____Date: _____

Program Director's Recommendation: _____Date: _____

Within thirty (30) days of course completion, submit the following to your respective Program Director:

- Official course grade (3.0 or B, or better)
- Itemized receipt of fees paid, listing course name, units, and tuition per unit

At that time, this request will be processed for payment

Approval to pay (Central Office Use Only)

_____ Amount to pay $_____

Executive Director Signature Date

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