



REQUEST FOR TUITION REIMBURSEMENT FORM

Before 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: _____

<i>Course No.</i>	<i>Course Title</i>	<i>Units</i>	<i>Tuition</i>

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)

Executive Director Signature	Date	Amount to pay \$ _____
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