

TUITION/REGISTRATION REIMBURSEMENT FORM

DATE: _____ DEPARTMENT: _____
NAME: _____ MAJOR: _____
ARE YOU IN A UNION? YES NO IF SO, WHICH ONE:
EXPLANATION FOR REQUEST: (LIST COURSES)

<u>COLLEGE</u>	<u>TERM</u>	<u>YEAR</u>	<u># OF CREDITS</u>	<u>COST PER CREDIT</u>
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TOTAL REIMBURSEMENT REQUESTED \$ _____

EMPLOYEE SIGNATURE _____

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***NOTE:**

Form **must** be accompanied with a copy of the course description. To receive reimbursement, applicants **must** submit grade/certification/proof of completion of course **and** proof of payment within thirty (30) days of the end of the semester or completion of course.

***NOTE:**

Supervisors should not approve form without attached copy of course description.

Signature Dir/Supv: _____ Approved _____ Rejected _____

Scholarship Committee: Approved _____ Rejected _____ Amount Approved \$ _____

Payment authorized by: _____ Date ____/____/____