



Application for Reimbursement for Graduate Coursework and Professional Development Courses

Name: [Click here to enter text.](#)

Department: [Click here to enter text.](#)

Job Title: [Click here to enter text.](#)

Length of Service: [Click here to enter text.](#)

Educational Program: [Click here to enter text.](#)

Major Course of Study: [Click here to enter text.](#)

Institution or company providing courses: [Click here to enter text.](#)

Course Completed: [Click here to enter text.](#)

Grade (if applicable): [Click here to enter text.](#)

Amount of Reimbursement Requested: [Click here to enter text.](#)

I, [Click here to enter text.](#), agree to reimburse the College if my employment is less than three (3) years following the completion of the course for which I am seeking reimbursement. I understand that I am required to furnish a grade report and/or certificate of completion to qualify for reimbursement.

(Attach a receipt for the course and a copy of the grade report and/or certificate of completion for the course.)

Employee Signature

Date

Supervisor/Dean/Director

Date Approved

Vice President Approval

Date Approved

Vice President for Finance and Administration/CFO

Date Approved