

APPLICATION FOR CREDIT REIMBURSEMENT

NAME _____ BUILDING: _____
 HOME ADDRESS _____

UNIVERSITY/COLLEGE ATTENDED: _____
 DATES: _____

<u>COURSES</u>	<u>COURSE NO.</u>	<u>NO. OF CREDITS</u>	<u>COST PER CREDIT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The following items must be submitted along with this form to ensure timely submission for approval:

- Transcripts to verify course credits awarded and grades
- Tuition cost (tuition cost ONLY- other fees not included)
- Proof of payment receipts to verify the above

NOTE:

- As per negotiated agreement – the maximum approved rate for approved graduate course credit is \$_____.
- If this reimbursement application is for the final 50% payment, submit transcript showing degree award or certificate showing added area of certification.

Applicant's Signature _____ **Date** _____

For Office Use Only

Number of Credits: _____
 Tuition Cost: \$ _____ 50%: \$ _____
 First Payment: \$ _____ Second Payment: \$ _____

Authorized: _____ **Date:** _____

Budget:

BLDG.	ASN	
CSE	0264	
RAM	0266	
EV	0267	
UP	0268	
MSM	0269	
GMS	0270	
GHS	0271	
ADMIN	0263	

TO PAYROLL _____