



Professional Staff Request for Tuition Reimbursement

Submit this form to the Business Office, room SSC L143 or MS #10, no later than two weeks prior to the start of the class. This deadline assists in the equitable distribution of professional development funds for all full-time and part-time bargaining unit members. It is the responsibility of the student to adhere to the deadline, which enables the Business Office to effectively manage the distribution of Collective Bargaining Agreement funds.

PROFESSIONAL STAFF INFORMATION

First Name	MI	Last Name	Date
Title			
Division (select only one)	<input type="checkbox"/> Academic Affairs	<input type="checkbox"/> Administrative Affairs	<input type="checkbox"/> Chief Executive Office
	<input type="checkbox"/> Institutional Advancement	<input type="checkbox"/> Student Affairs	<input type="checkbox"/> Continuing Education

COURSE INFORMATION

Semester (<i>select only one</i>)	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	Year
Educational Institution (Name)			
COURSE TITLE			NUMBER OF CREDITS
TOTAL NUMBER OF CREDITS			

COST

Charge Per Credit \$ _____	X	Number of Credits _____	=	Total Tuition \$ _____	Total Cost \$ _____
Employee Signature			Amount of reimbursement in accordance with CBA	Amount of \$ _____	

Please note: approval is dependent upon availability of funds.

REVIEW BY DEAN

I have reviewed the above tuition reimbursement request and	<input type="checkbox"/> Approve	<input type="checkbox"/> Decline
Comments		
Dean Signature	Date	

REVIEW BY CEO

I have reviewed the above tuition reimbursement request and	<input type="checkbox"/> Approve	<input type="checkbox"/> Decline	* Approved \$ _____
Comments			
CEO Signature	Date		

*Approval is dependent upon availability of funds.