

3.4.2F2 -- EDUCATION REIMBURSEMENT FOR CERTIFIED PERSONNEL

Request for Reimbursement

Applicant Name _____ Date _____

Course(s) Successfully Completed:

| Semester | Course Code/ Number | Course Name | Credit Hours | Course Grade | Date |
|----------|------------------------|-------------|--------------|--------------|------|
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Request for Reimbursement must be accompanied by (a) proof of payment to University and (b) official university transcript.

Office Use Only

| Course Completed | Completion Date | Amount Paid |
|------------------|-----------------|-------------|
| | | |
| | | |
| | | |
| | TOTAL | \$ |

Signature: _____ Date: _____