

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

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: _____