

Name:	Student ID #:	DPSS Case #:
Term: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter	Year:	Today's Date:

Course Name	Class Number	Start Date	End Date	# of Hours Per Week	TIMES You Attend Class					
					Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

I affirm that the information above is true and correct. Student Signature: _____

Students, please do not write below this line

Total Lecture Hours		
Total Lab Hours		
Total Unsupervised Study Hours		

Study time policy can be found at: <https://www.glendale.edu/students/student-services/calworks-parents-program/study-time>

- Request for Reimbursement (Original receipts attached)
- Request for Advancement (See ancillary advancement form, attached.)

GCC CalWORKs Case Manager Stamp:

Case Manager Signature: _____ Date: _____

			Textbook Total
	+	\$	
			Supply Total
		\$	
			Grand Total for Reimbursement/Advance
	=	\$	