

Glendale Community College District Tuition Reimbursement Request

TIME / DATE STAMP

OFFICE USE ONLY

Acct. No.

P.O. Amount

P.O. No.

Name _____

(check one) Classified Faculty

Address _____

Phone/Campus ext _____

Email _____

Dept.(you work in)

Course (you took)

Dates (of class)

Tuition: _____

Books: _____

Total Exp.: _____

Signature (your autograph)

Date (signed)

Class/Seminar/Job Related Training

Benefit to College and relevance to your work assignment: _____

Attach receipt(s) and evidence of satisfactory completion (certificate/copy of transcript). Coursework and accompanying forms must be submitted within fiscal year of completion; July 1 - June 30. Funding is subject to Professional Development budget limitations.

Approved by: _____

Development Coordinator

Date Sent