

# SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

## CLASSIFIED STAFF DEVELOPMENT PROGRAM

### APPLICATION FOR TUITION REIMBURSEMENT

Name of Employee	Work Extension	Social Security #	Date
Division / Dept	Position	College / District Office	Months/Year
College / Educ. Program	Semester / Year	Location of Program	%FT

Education Program		I request approval for the following course(s)		
Course # Graduate   Undergrad   Other		Course Title	College / School	Units Sem / Qtr
				Date / Semester

Estimated Expenses	
Tuition / Enrollment Fee	\$
Materials Fee	\$
Parking Fee	\$
Books	\$
Other (Specify: _____)	\$
Total Estimated Expenses*	\$

Reimbursement Options (Check all that apply)	
<input type="checkbox"/>	Tuition and related educational expenses
<input type="checkbox"/>	Professional Development Credits
<i>If you are requesting an adjustment to your regular scheduled work hours, please specify request:</i>	

Describe how this coursework is related to your professional growth and your current District duties.			
Does the coursework listed lead to a degree / certification?		Yes      No	
If yes, what degree or certification are you working towards?		Expected Date of Completion?	
I understand that I must submit proof of payment of tuition, fees, books and related expenses in addition to proof of satisfactory completion of approved coursework before I can be reimbursed.		Supervisor/Administrator Recommendation Approved      Denied	
Signature of Employee		Date	Signature of Supervisor
			Date