

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 #			Course Title	College / School	Units Sem / Qtr	Date / Semester			
Graduate	Undergrad	Other							

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