

# EDUCATIONAL REIMBURSEMENT FORM

**Submit approved original to ASC Human Resources  
before taking classes.  
Retain copy for your records.**

EMPLOYEE NAME: \_\_\_\_\_

TERM/YEAR: \_\_\_\_\_

The course(s) is (are) related to:     current job duties                       Re-class opportunities

The course(s) is (are) to fulfill objectives for:     Bachelor's     Master's     Ph.D     MBA

COURSE TITLE	UNITS	COST	GRADE
<b>TOTAL</b>			

Upon completion of the course(s), submit the following to receive your reimbursement: (1) a copy of original/approved Educational Reimbursement Form; (2) a copy of your fee receipt; and (3) your original grade report. The employee acknowledges, by signing below, that they have read and understood the ASC's Educational Reimbursement Policy.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The supervisor and chair/director approve, by signing below, that the employee may take the course(s) and will be reimbursed educational fees, from the ASC account indicated here: \_\_\_\_\_

**SUPERVISOR/DIRECTOR APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CHAIR/DIRECTOR APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HR MANAGER APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HR Use Only:**

<b>Amount to be reimbursed: \$</b> _____
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