

CREDIT REIMBURSEMENT

INTENT TO ENROLL AND REQUEST FOR APPROVAL

NAME _____ DATE OF REQUEST _____

Course Number	Title	College or University	Number Of Credits	Graduate Or Undergrad	Enrollment Date	Completion Date

If courses listed above are not in your area of certification or approved graduate program, please provide justification for enrollment.

APPROVED

Date _____

Number of Credits _____

Maximum Reimbursement
Per Credit _____

Signature _____
Executive Director

DISAPPROVED

Date _____

Reason _____

Signature _____
Executive Director

