

**LEARN**

**GRADUATE STUDY REIMBURSEMENT APPLICATION**

This form must be completed and approved at least fifteen (15) days prior to the start of the course. Please refer to LEARN Personnel Policy #4129/4229 for further clarification.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

POSITION/DEPARTMENT \_\_\_\_\_

INSTITUTION \_\_\_\_\_ COURSE NAME AND NO. \_\_\_\_\_

BRIEF DESCRIPTION OF COURSE \_\_\_\_\_  
\_\_\_\_\_

DATE COURSE WILL START \_\_\_\_\_ TUITION \_\_\_\_\_

HOW WILL THIS ENHANCE THE PERFORMANCE OF YOUR DUTIES?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_ APPROVED      \_\_\_ NOT APPROVED

Executive Director \_\_\_\_\_

Date \_\_\_\_\_

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GRADE RECEIVED \_\_\_\_\_ DATE TO BE PAID \_\_\_\_\_

REIMBURSEMENT AMOUNT \_\_\_\_\_

Executive Director \_\_\_\_\_

Date \_\_\_\_\_