

Appendix H

**SSAACCC TUITION reimbursement Application
(Must be typed and complete)**

Name: _____ Semester: _____ Year: _____

Address: _____ SS#: _____

_____ Staff Position: _____

Department: _____ Date of Hire: _____

College Attending: _____ Campus Location: _____

The following documents (copies) are required for approval:

- 1) **cover page of college catalog**
- 2) **course description from catalog**
- 3) **registration form and proof of payment (credit card bill or paid receipt)**
- 4) **final grade report**

List the courses you plan to take:

Course Title	Course Number	Credits
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____
4: _____	_____	_____

Total Credits _____

\$ _____ **Tuition Cost Per Credit**

\$ _____ **Total Tuition Charges (no fees)**

Application due within 30 days of the beginning of each ACCC trimester. (i.e., October 1, February 1, June 30)
Early submission of summer applications will help the allocation of annual funds.

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*Committee Use Only*                      Date application received: \_\_\_\_\_ Date grades received: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Denied (Reason for denial) \_\_\_\_\_

Reimbursement Amount: \_\_\_\_\_ Date completed for payment: \_\_\_\_\_