

Appendix J

SSAACCC Tuition Reimbursement Application

(Must be typed and complete)

Name: _____ Semester: _____ Year: _____

Address: _____ CWID# _____

City/State/ZIP _____ Staff Position: _____

Department: _____ Date of Hire: _____

College Attending: _____ Campus Location: _____

These documents (copies) are required:

- 1) cover page of college catalog
- 2) course description from catalog
- 3) registration form & payment proof (credit card bill or paid receipt with acct # blacked out)
- 4) final grade report (send ASAP)

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 is due within 30 days of the beginning of each ACCC trimester. (i.e., Oct. 1, Feb. 1, June 30)

Have you received tuition aid through PELL ___ TAG ___ Scholarship ___ Student Loan ___ None ___

Reimbursements for the entire fiscal year are made on or about June 30.

Committee Use Only Date application received: _____ Date grades received: _____

___ Approved ___ Denied (Reason for denial) _____

Reimbursement Amount: _____ Date completed for payment: _____