



## TUITION APPLICATION

### CLASSIFIED STAFF DEVELOPMENT PROGRAM

<b>Employee Name</b>	<b>G#</b>
<b>Dept/Division</b>	<b>Job Title</b>
<b>College / District Office</b>	

<b>College / Education Program</b>		I request approval for the following course(s)		
Course #	Course Title	College / School	Units Sem / Qtr	Date / Semester
Graduate Undergrad Other				

<b>Tuition Expense</b>	
Tuition / Enrollment Fee	\$

Other College/District Funds	\$
Acct #	
Other College/District Funds	\$
Acct #	

Describe how this coursework is related to your professional growth and your current District duties.	
Does the coursework listed lead to a certification?	Yes    No
If yes, what certification are you working towards?	Expected Date of Completion?
I understand that I must submit proof of payment of tuition expenses in addition to proof of satisfactory completion of approved coursework before I can be reimbursed.	
Employee Signature	Date
Supervisor/Administrator Recommendation:    Approved                          Denied	
Administrator Signature	Supervisor Signature
Date	Date
Budget Authorized Representative Only:	
Approved                  Denied	Date
Budget Signature	Date

Please forward this application and any pertaining information to your campus representative.  
**Skyline:** Eloisa Briones, briones@smccd.edu; **CSM:** Ludmila Prisecar, prisecar@smccd.edu;  
**Canada:** Erin Moore, mooree@smccd.edu; **Chancellor's Office:** Ingrid Melgoza, melgozai@smccd.edu.