APPLICATION FOR REIMBURSEMENT OF MATRICULATION AND TUITION FEES FOR COURSES TAKEN AT FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE BY FULL-TIME EMPLOYEES AND/OR THEIR DEPENDENTS AND REGULAR PART-TIME EMPLOYEES

Request for reimbursement must be submitted to the Budget Office within 60 days from course completion for consideration for reimbursement.

Employee's Name _____ _____ _____
Please Print Signature Social Security Number

Employee's Home Address_____

Dependent's Name_____ _____ _____
Please Print Signature Social Security Number

Dependent is: Husband_____ Wife_____ Child under the age of 22 and living at full-time employee's home_____

Child's Date of Birth _____

Total amount of tuition paid $_____

Request reimbursement for listing of course(s) on the attached transcript for Term _____
(one application for each term)

List Credit Course(s) _____ _____

_____ _____

Date Employed _____ Beginning Date of Term _____ Ending Date of Term _____

Evidence of Satisfactory Completion:

College Credit Course(s) Copy of Grade Report
Proof of payment for course(s) and a final grade report or official transcript reflecting grades must be attached showing satisfactory completion of the course(s). Satisfactory completion is interpreted to mean a final grade of A, B, C or D.

Non-College Credit Course(s) Instructor Certification
I certify the above individual satisfactorily completed this course. Proof of payment for course(s) must be attached.

Course_____

_____
Instructor's Signature Date

I certify this employee is a full-time or regular part-time employee at the College and meets eligibility requirements stated in APM 03-0910. Eligible employees must be employed by the College prior to the beginning of the class and remains a full-time or regular part-time employee through the ending date of the class based on encoded dates of the class. Also, that the course(s) was not in conflict with the assigned work schedule.

_____ _____
Supervising Administrator's Signature Date

Approved for Processing by the Budget Office _____ _____
Date