

**LOS ANGELES COMMUNITY COLLEGE DISTRICT  
EAST LOS ANGELES COLLEGE**

**APPLICATION FOR APPROVAL OF TUITION REIMBURSEMENT  
ARTICLE 23, LACCD & AFT AGREEMENT, PROFESSIONAL GROWTH COMMITTEE**

**Note:** 1) Complete one application per semester/intersession; 2) Submit no earlier than 30 days prior to start date and no later than end of second week of class.

\_\_\_\_\_  
Name Employee Number Department/Discipline Extension

\_\_\_\_\_  
Home Address City State Zip Code Cell/Home Phone

Status: \_\_\_\_ Full Time \_\_\_\_ Adjunct \_\_\_\_\_  
Accredited Institution at Which Reimbursement Requested Institution Location

**Reimbursement Requested for Following Course(s):**

Course Name	Course #	Course Title	Units/Hours	Start Date	End Date	Tuition Fees Only

Total Tuition Expenses: \_\_\_\_\_

**Current Teaching Assignment:**

Course Name & Number	Units/Hours

Total Teaching Units/Hours: \_\_\_\_\_

**Non-Teaching Assignment:**

If assignment is other than teaching, describe how the proposed professional development program is related to your position.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is to certify that I have not nor will not apply for tuition reimbursement at more than one LACCD campus or receive funds from the LACCD in excess of 100% of tuition expenditures.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Conference/Tuition Committee Chair Date

\_\_\_\_\_  
Vice President, Academic Affairs Date

\_\_\_ Approved \_\_\_ Denied Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_