EAST LOS ANGELES COLLEGE
Academic Affairs

Request for Tuition Reimbursement

Note: All correspondence will take place only through the #-ELAC Faculty and #-ELAC Counselor administrative email lists while documents/forms will be sent via campus mail only. Please see your department chair if you are not on one of these email lists or do not have a campus mailbox.

Name: _____ Employee #: _____

Department/Discipline: _____ Extension: _____ Phone: _____

Semester Request: ___ Winter 201___ ___ Spring 201___ ___ Summer 201___ ___ Fall 201___

Faculty Status: Full Time ___ *Adjunct ___ *Teaching units in semester reimbursement requested _____

The course of study satisfies one of the following:

___ Discipline
___ Related Discipline – **Specify which** _____
___ Curriculum Methods – **Attach a brief justification statement**
___ Retraining as approved by college President – **Attach a brief explanation of approval process**

Total Tuition Fees (excluding supplemental and other fees): _____

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I Have Read and Agree to Comply with the Tuition Reimbursement Policy and Procedures

_____ _____ _____
Print Name Signature Date

Committee Action:

Date: _____ **Reimbursement Amount:** _____
Denied: _____ **Reason for Denial:** _____
Appeal: _____ **Outcome of Appeal:** _____

_____ _____
Conference/Tuition Committee Chair Date

(Revised 1/2014)