



**Enrollment Fee Reimbursement Application**

**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Staff Category** (please check one):

Admin/Mgmt    Regular Faculty    Adjunct Faculty    Classified/FT    Classified/PT

**SRJC Course:** \_\_\_\_\_ **# of Units:** \_\_\_\_\_

**Semester/Year:**   Fall \_\_\_\_\_   Spring \_\_\_\_\_   **Short Course Dates:** \_\_\_\_\_

**1. Course Description** (*Please attach a copy of description from online schedule of classes*).

**2. Relationship to job** (*brief statement*): \_\_\_\_\_  
\_\_\_\_\_

**3. Course Fee:**

# of Units: \_\_\_\_\_

Reg fee: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

**4. Textbook/Course Materials:**

Staff Development funds may be available to support reimbursement of textbooks and/or course material costs. Please indicate required text and course materials and the estimated expenses for these items:

Text Materials: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

**5. Total Amount Requested:**   \$ \_\_\_\_\_

**6. Applicant's Signature:** \_\_\_\_\_   **Date:** \_\_\_\_\_

**7. Supervisor recommendation** (please check and sign):

By my signature below I support this application for Enrollment Fee Reimbursement.

**Signature:** \_\_\_\_\_   **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_

**Funding Approved:** \$ \_\_\_\_\_

**Supervising Admin Approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Payment Request Received:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **To Acctg:** \_\_\_\_\_