

APPLICATION FORM
 EDUCATIONAL ASSISTANCE
 LEE COLLEGE

_____ requests approval to register for the following courses
 Name _____
 to be taken at _____ during the _____
 Institution semester
 20_____.

Course Number	Title or Description	Semester Hours

Degree now held _____ Date Employed _____

Are these hours in support of your approved degree plan? Yes No.

Semester hours currently completed above present degree _____

Are these hours in support of present assignment? Yes No.

Present teaching (subject area) or administrative assignment: _____

Has credit been received for courses listed above? _____

If courses are not in support of approved degree plan or assignment, reason for taking courses: _____

Do you wish to have the credits earned from this course applied to your stipend range if

and when applicable? _____

Approval:

 Division Chair Date Applicant Date

 Instructional Dean Date

Permission from both sources must be secured in advance of taking classes in order for the benefit to apply.

EDUCATIONAL ASSISTANCE

LEE COLLEGE REQUEST FOR REIMBURSEMENT OF ELIGIBLE COSTS

<u>Name (Print or Type)</u>		
EDUCATIONAL EXPENSES		TOTAL COSTS
Tuition	_____	_____
Registration Fee	_____	_____
*Instructional Fees	_____	_____
	_____	_____
	_____	_____
	_____	_____
Required Textbooks (Does not include supplementary materials)		
<u>Course No.</u>	<u>Book Title</u>	
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL COSTS		_____
Less: Total amount received from other sources to cover above expenses		_____
NET COSTS		_____
AMOUNT TO BE REIMBURSED (50% OF Net Costs)		_____

*Does not include refundable fees or parking fees.

Please attach receipts for all expenses listed. An official transcript must be attached to show completion of courses requesting reimbursement.

_____ Recipient	_____ Date
_____ Chief Academic Officer	_____ Date
_____ Dean of Financial Services	_____ Date