

CSEA Educational Reimbursement Request

Request must be returned to you fully approved *prior to the start of your course* or you will not be eligible for reimbursement.

Section I – Employee Information (To be completed by *Employee*)

Name	_____	Title	_____
School	_____	Course	_____
Start	_____	End	_____
Date	_____	Date	_____

_____	x	_____	=	_____	+	_____	=	_____
(tuition cost per credit hour)		(# of credit hours taken)		(total cost of tuition)		(cost of text/s)		(total cost requested)

A. Explain how this course is directly/indirectly related to your job or its promotional field.

(Attach additional sheet if necessary)

B. Financial Aid status

(Please select one)

___ Yes, I am / ___ No, I am not receiving financial aid from sources *other than loans*, i.e. PELL, TAP, work study, state funding, etc. (Students receiving non-loan financial aid should attach a copy of their financial aid award letter.)

C. Attach course description.

I hereby certify that the above information is true and correct:

_____	_____
(Signature)	(Date)

Section II (To be completed by *Admissions Department*)

<input type="checkbox"/> Matriculated Student	<input type="checkbox"/> Non-matriculated Student
Date of Matriculation _____	
Major _____	

_____	_____
(Signature – Director of Admissions)	(Date)

Section III (To be completed by *Human Resources*)

Recommendation	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
Funds Availability	<input type="checkbox"/> Available	<input type="checkbox"/> Unavailable
Reimbursement Rate	<input type="checkbox"/> 100%	<input type="checkbox"/> 50%
<input type="checkbox"/> SUNY New Paltz or OCCC Rate (circle one)		

_____	_____
(Signature – Human Resource Officer)	(Date)

Section IV (To be completed by the *President*)

☐ Approve ☐ Disapprove

_____	_____
(Signature – President)	(Date)