OPTION 1:
TUITION, FEES & BOOKS REIMBURSEMENT

Coast Community College District

CLASSIFIED PROFESSIONAL DEVELOPMENT

NOTE: Application Must Be Submitted Prior to Starting Program

Name _____ Date of Application _____
Last First MI

Employee ID _____ Business Phone No _____

Campus: Job Title and Dept _____
☐ DIST ☐ CCC ☐ GWC ☐ OCC ☐ DIS

Original Hire Date _____

Reimbursement for classes will be for actual cost of tuition, books and mandatory fees, not to exceed the fiscal year maximum. All receipts must be submitted within 60 days of course completion for reimbursement.

Course of Study

Education Plan on File: Yes ☐ No ☐

A COPY OF THE DESCRIPTION FROM THE CLASS SCHEDULE MUST BE INCLUDED

Course Number	Course/Program Title or Description	Date Class to Begin	Date Class to End	College/School/ Organization	Units
ENG 101	*English Composition*	*3/2/04*	*3/10/04*	*Irvine Valley College*	*3.0*

Justification

Anticipated Cost of Study $ _____

Are you receiving any other funding and/or release time? Yes ☐ No ☐

Use this space to explain your career goal/path and how this program could lead to upward mobility as a classified employee of the Coast Community College District (use extra sheets as necessary).

_____ _____
Applicant's Signature Date

_____ _____
CPD Representative Date

☐ Approved ☐ Tabled ☐ Denied*

Not to Exceed $ _____ Date: _____

Contingent Upon Board Approval: _____ Reason: _____

Budget Year: _____ Budget Number(s) _____

***All denials subject to appeal**