

**APPLICATION FOR REIMBURSEMENT OF TUITION  
FOR COURSES TAKEN AT FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE  
BY FULL-TIME EMPLOYEES AND/OR THEIR DEPENDENTS AND REGULAR PART-TIME EMPLOYEES**

Request for reimbursement must be submitted to the Budget Office within 60 days from course completion for consideration for reimbursement.

Employee's Name \_\_\_\_\_  
Please Print Signature Social Security Number

Employee's Home Address \_\_\_\_\_

Dependent's Name \_\_\_\_\_  
Please Print Signature Social Security Number

Dependent is: Husband \_\_\_\_\_ Wife \_\_\_\_\_ Child under the age of 22 and living at full-time employee's home \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Total amount of tuition paid \$ \_\_\_\_\_

Request reimbursement for listing of course(s) on the attached transcript for Term \_\_\_\_\_  
(one application for each term)

List Credit Course(s) \_\_\_\_\_  
\_\_\_\_\_

Date Employed \_\_\_\_\_ Beginning Date of Term \_\_\_\_\_ Ending Date of Term \_\_\_\_\_

Evidence of Satisfactory Completion:

**College Credit Course(s) Copy of Grade Report**  
Proof of payment for course(s) and a final grade report or official transcript reflecting grades must be attached showing satisfactory completion of the course(s). Satisfactory completion is interpreted to mean a final grade of A, B, C or D.

**Non-College Credit Course(s) Instructor Certification**  
I certify the above individual satisfactorily completed this course. Proof of payment for course(s) must be attached.

Course \_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature Date

I certify this employee is a full-time or regular part-time employee at the College and meets eligibility requirements stated in APM 03-0910. Eligible employees must be employed by the College prior to the beginning of the class and remains a full-time or regular part-time employee through the ending date of the class based on encoded dates of the class. Also, that the course(s) was not in conflict with the assigned work schedule.

\_\_\_\_\_  
Supervising Administrator's Signature Date

Approved for Processing by the Budget Office \_\_\_\_\_  
Date