MIRACOSTA COLLEGE COMMUNITY DISTRICT
ENROLLMENT FEE REIMBURSEMENT APPLICATION

Name:_____   Current Position:_____

Degree(s) held:_____   Major(s):_____

I hereby request approval of the following course(s) to be taken during the _____ semester 20_____.

Course work must be taken at MiraCosta College unless the course is required for maintaining or upgrading skills for the employee's current position and is not offered at MiraCosta College within the twelve month period for which the employee is requesting employee fee reimbursement. In such case, enrollment fee reimbursement will be limited to the cost of equivalent units at MiraCosta College within allowable limit.

Course number and title	Sem. Units	Course Cost	Job Related
_____	_____	_____	[ ] yes [ ] no
_____	_____	_____	[ ] yes [ ] no

If course(s) are listed as job related, explain how each course will provide/develop skills or knowledge useful in current position:_____
_____

Please check all applicable statements:

[ ]   I have not, nor will not, use these courses for flex credit, career incentive, or as part of a sabbatical leave.
[ ]   I will receive a letter grade or equivalent for this course.
[ ]   No letter grade is available; I will request a letter of completion or a certificate of completion.
[ ]   These course(s) are to be taken outside my scheduled workday.
[ ]   These course(s) are to be taken during my scheduled workday; my supervisor/department chair and I have

           agreed to the following accommodation: _____
_____

I understand that in order to receive enrollment fee reimbursement, I must complete the course with a grade of C or better, or equivalent and provide a transcript of course work completed. If no grade is given for the coursework, I will provide a certificate of completion or a signed letter from the instructor, indicating completion. I agree to render service to the District for a minimum of one semester following completion of the course in order to be entitled to receive enrollment fee reimbursement.

_____ Date:_____   _____ Date:_____
Signature (applicant)   Signature (dept.chair/supervisor)

Mail completed application form with appropriate signatures to the HR Supervisor, mail station 14.

....

PAC/Career Incentive Committee: [ ] approved [ ] disapproved   Dollar amount approved: $_____

Date original form received: _____Date transcripts received:_____ Date sent to Accounts Payable_____
....
After your approved course(s) are completed, submit enrollment fee receipts, transcripts, and a cover memo to the HR Supervisor, who will submit this documentation to Accounts Payable. You will receive reimbursement the month following the end of the semester in which you have submitted verification of successful completion.