



Professional Development Tuition Reimbursement Application and Approval Form

PART I: APPLICATION

Employee Name CNM ID#

Department Ext:

Employment Status Year: Choose an Year Term _____

Institution Name _____ Program Type _____

Course Title	Course Number	Credit Hours	Course Start Date	End Date
Please submit a class schedule with <u>your application</u>				

Employee and Dean/Supervisor Signature Required

Employee Signature: _____ Date _____

Dean or Supervisor Approval _____ Date _____

PART II: CERTIFICATE OF COMPLETION

Received By _____ Date _____

Approved and On File _____ Credit Hours _____

_____ Date _____

Dean/Supervisor signature

PART III: TUITION REIMBURSEMENT APPROVAL

Amount meeting requirements for Employee Tuition Reimbursement \$ _____

Cost Account _____ ID Number _____ Date _____

Approval for Payment authorized by Dean/Supervisor _____

Distribution: Original to Business Office; other copies to applicant and Dean/Supervisor