Name:

Division:

Department or Grade Level:

Are you pursuing a degree or professional certificate? Please specify.

Here or on a separate sheet, please provide:
- A listing of all courses to be taken
- The name of the educational institution
- Tuition costs for each course
- The total cost for the semester or full year

____________________________________  ______________________
Team Leader/Department Chair  Date

____________________________________  ______________________
Division Head  Date