

SUFFOLK COUNTY COMMUNITY COLLEGE
APPLICATION FOR DEPENDENT TUITION REIMBURSEMENT

DATE: _____

GUILD

F/T

FACULTY

ADJUNCT

NAME: _____

BANNER ID# _____

HOME ADDRESS: _____

As specified in the Faculty Association and Guild of Administrative Officers contracts, I request reimbursement for the following courses in which my dependent, named below, plans to register.

(Student Name)	(Relationship)	(Banner ID)
Semester/Year _____	Cat. # _____	Credits _____
Semester/Year _____	Cat. # _____	Credits _____
Semester/Year _____	Cat. # _____	Credits _____
Semester/Year _____	Cat. # _____	Credits _____
Semester/Year _____	Cat. # _____	Credits _____

Total number of credits for which reimbursement is requested: _____

Amount of reimbursement requested: \$_____



I certify that the above-named Faculty/Guild member is eligible for the reimbursement requested in accordance with the Faculty Association and Guild of Administrative Officers contracts and that the reimbursement does not exceed thirty (30) credits per academic year for full-time personnel or eighteen (18) credits per academic year for adjunct personnel.

(Executive Dean or VP)

(Date)