

SUFFOLK COUNTY COMMUNITY COLLEGE

Application for Faculty/Guild Member Dependent Reimbursement

TO: Executive Dean, _____ Campus Date: _____

FROM: _____ College ID No. _____
(Faculty/Guild Member)

(Address)

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

Student's Name Relationship Student's ID No.

Signature – Faculty/Guild Member

Semester/Year _____ Course/CRN _____ No. of Credits _____

Total Credits _____

Amount of Reimbursement Requested \$ _____

I certify that the above-named faculty/guild member, in accordance with the Faculty Association and Guild of Administrative Officers contracts, is eligible for the reimbursement requested and that the reimbursement does not exceed 30 credits a year for full-time personnel or 18 credits a year for adjunct personnel.

Signature – Executive Dean

Date