SUFFOLK COUNTY COMMUNITY COLLEGE

APPLICATION FOR DEPENDENT TUITION REIMBURSEMENT

DATE:_____ _____
(Full-time or Adjunct)

FROM:_____
(Faculty/Guild Member)

_____
(Home Address - Street, City, State, Zip)

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) (Social Security #)

Semester/Year_____Course/Section_____# Credits_____

Semester/Year_____Course/Section_____# Credits_____

Semester/Year_____Course/Section_____# Credits_____

Semester/Year_____Course/Section_____# Credits_____

Semester/Year_____Course/Section_____# Credits_____

Semester/Year_____Course/Section_____# Credits_____

Semester/Year_____Course/Section_____# Credits_____

Total Number of Credits for Which Reimbursement is Requested:_____

Amount of Reimbursement Requested:_____

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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 (as noted on the reverse of this form) and that the reimbursement does not exceed twenty-four (24) credits per year for full-time personnel or twelve (12) credits per year for adjunct personnel

_____ _____
(Dean of Instruction Signature) (Date)