



## Associated Students Educational Fees Refund Program

### Request for Educational Fees Refund

Employee Name: \_\_\_\_\_

Dept/Area: \_\_\_\_\_

Degree Objective: \_\_\_\_\_

Major: \_\_\_\_\_

After completion of courses, or upon approval of the Executive director a request for reimbursement of school fees will be initiated. If the fees are reimbursed prior to the end of the school term for the classes being taken, the employee must submit the proof of completion of the classes once the term is complete.

Transcripts Received On: \_\_\_\_\_

OK for Check to be Requested: \_\_\_\_\_

Reimbursement being denied: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
Executive Director Approval

Date of Executive Director Approval before classes were taken: \_\_\_\_\_