SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

CLEAR PRINT

Human Resources Department
3401 CSM Drive – San Mateo, CA 94402
Automated Service Line: (650) 574-6555
Fax: (650) 574-6574

TUITION APPLICATION

CLASSIFIED STAFF DEVELOPMENT PROGRAM

Employee Name		G#
Dept/Division	**Job Title**	**College / District Office**

College / Education Program _____ I request approval for the following course(s)

Course # Graduate	Undergrad	Other	Course Title	College / School	Units Sem / Qtr	Date / Semester

Tuition Expense	
Tuition / Enrollment Fee	$

Other College/District Funds	**$**
Acct #	
Other College/District Funds	**$**
Acct #	

Describe how this coursework is related to your professional growth and your current District duties.

Does the coursework listed lead to a certification?	☐ **Yes** ☐ **No**
If yes, what certification are you working towards?	**Expected Date of Completion?**

I understand that I must submit proof of payment of tuition expenses in addition to proof of satisfactory completion of approved coursework before I can be reimbursed.

Employee Signature _____ Date _____

Supervisor/Administrator Recommendation: **Approved** ☐ **Denied** ☐

Administrator Signature _____ Date _____ Supervisor Signature _____ Date _____

Budget Authorized Representative Only:

☐ **Approved** ☐ **Denied** Budget Signature _____ Date _____

Please forward this application and any pertaining information to your campus representative.
Skyline: Eloisa Briones, briones@smccd.edu; **CSM:** Ludmila Prisecar, prisecar@smccd.edu;
Canada: Erin Moore, mooree@smccd.edu; **Chancellor's Office:** Ingrid Melgoza, melgozai@smccd.edu.