Dutchess Community College 53 Pendell Road; Poughkeepsie, NY 12601

TUITION REIMBURSEMENT REQUEST

The current Agreement among the Board of Trustees, the county of Dutchess, and the Dutchess United Educators in Section 5.3 provides for tuition reimbursement to educators undertaking approved graduate study.

- Tuition reimbursement for graduate course(s) may be made to an educator in an amount not to exceed the contractually approved amount per academic year within the limits of available funds.
- Prior approval of the Department Head and the President in the case of a non-teaching educator, and of the Department Head and Academic Dean in the case of a teaching educator, is required.
- Approval of courses shall be based on their relationship to the educator's professional responsibilities at the College.
- Application Deadline: You are urged to apply in September when funds will be allocated for the entire academic year. Two additional application dates will be announced at the beginning of the Spring semester and the beginning of the Summer for any remaining funds.

Name:

> Complete the form and forward all copies to the Office of Academic Affairs. One copy of the approved request will be retained by the President or the Academic Dean. Two copies will be returned to the applicant who will be reimbursed for tuition payment for the specific course upon presentation to the Office of Academic Affairs of the pink copy, a valid bursar's receipt, and a signed DCC blue Payment Voucher. In accepting payment, the applicant agrees to submit an official transcript or other acceptable evidence of successful completion of the course and understands that the following year's Tuition reimbursement monies cannot be released until the current year's transcripts have been received in the Office of Academic Affairs.

FALL		SPRING		SUMMER		
Cat. #	Title	Cat. #	Title	Cat. #	Title	
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Total Credit	t Hours:			Total Tuition (no fee	s):	
College / U	niversity:					
How many	graduate credits hav	e you earned prior to	this application?			
Justification	n for course(s) select	red:				
FOR OFFICE USE ONLY:			Арр	Applicant Signature and Date:		
Candidate i	is:					
Priority I II III			Dep	Department Head and Date:		
Amount Approved:			Proc	President / Academic Dean and Date:		

Date: