

# Chabot-Las Positas Community College District

## Enrollment Fee Reimbursement Application

Name \_\_\_\_\_

W# \_\_\_\_\_

Semester \_\_\_\_\_

Course ID#	Course Title	Units	Purpose of Taking the Course
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Units

In accordance with the Classified Collective Bargaining Agreement, I understand that in order to receive a reimbursement, the following conditions must be met:

- 1) Proof of satisfactory completion must be submitted
- 2) Demonstration that the reimbursement does not exceed ten (10) semester units per year

The reimbursement will be at the unit cost of the prevailing California Community College enrollment fee or up to \$75 per unit for approved colleges and universities.

Since the amount of reimbursements for the District cannot exceed \$9,000 per year, this program will be administered on a first come, first served basis.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Forward to Accounts Receivable with proof of course completion*

**To be completed by Business Services**

$$\begin{array}{rcccl}
 \text{Units} & & \text{Fee per Unit} & & \text{Reimbursement} \\
 \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}}
 \end{array}$$

Total units for the year: \_\_\_\_\_

Approved for Payment \_\_\_\_\_

Date \_\_\_\_\_

Account # \_\_\_\_\_