**COLUMBIA UNION CONFERENCE**

**Office of Education**

**POST GRADUATE STUDY: REIMBURSEMENT**

**POST GRADUATE STUDY ASSISTANCE: QUARTER/SEMESTER UPDATE**

**GENERAL INFORMATION**

To continue receiving Columbia Union-approved financial assistance to offset your tuition expenses for approved post graduate study, this form must be completed at the beginning of each quarter or semester in which you are enrolled in course-work, including dissertation hours. Please provide all the information requested in a timely manner so that the Columbia Union Office of Education can expedite reimbursement.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quarter/Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COURSES BEING TAKEN (Reimbursement Sought)**

Complete the table below, outlining the course(s) information for which you intend to secure reimbursement for earned course credit in the current/past quarter or semester. At the end of the spring semester of each academic year, a copy of your transcript must be submitted to the Columbia Union Office of Education for continued financial assistance.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course # | Course Name | Credits Earned | Grade | Cost\* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

My total tuition expense for this quarter/semester is $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_. This reimbursement is to be returned to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student (me) \_\_\_\_\_\_\_\_\_\_\_Conference or Academy

Student Signature