

CITY OF BRIDGEPORT

REQUEST FOR TUITION REIMBURSEMENT

Employee Name: _____

Department: _____ Date: _____

Major: _____

| Course Title | No. Credits | Unit Cost | Book Cost | Total |
|---------------------|--------------------|------------------|------------------|--------------|
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All appropriate paperwork must be attached.

Attachments:

Class Type:

Course Enrollment Form

Graduate

Grade/Course Verification
(Original Transcript)

Undergraduate

Approved:

Employee Signature

Department Head

Labor Relations Director