



Continuing Education Request Form

Please fill out this form completely prior to enrollment in a course for which reimbursement will be requested. Request must be turned in no later than fifteen (15) days before the start of the class/program.

Approval is subject to the terms of the staff/employee continuing education policy. Incomplete applications will delay the approval process.

How to apply:

- Attach an official course description from the school website/catalog.
- Attach verification of the tuition cost (p/credit hour or per course – from the school website/catalog).
- Submit to the HR department with approval by your supervisor.

Name: _____

Department: _____

School/College or University: _____

Course(s) Name: _____

Credit Hours: _____ Start Date: _____

Why are you pursuing this education?

Are you applying for any scholarships from the school such as a matching grant?

Have you read the “Continuing Education” policy and do you find the provisions and agreements satisfactory to you?

Applicant Signature Printed Name Date

Supervisor’s Signature Printed Name Date

Executive Pastor Signature Printed Name Date