



Graduate Program Reimbursement Form

to be submitted upon successful completion of each course

Name	School		
Name of Course(s) Completed			
<i>*Please attach a copy of transcript indicating successful course completion</i>			
Actual Expenditure			
Tuition Fees (please include receipts) (Textbooks, student services, or other related fees not covered)	\$		
*Approved graduate programs eligible for reimbursements up to \$625/course to a maximum of \$5000 for entire program See Staff Development Fund Guidelines for more information			
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Applicant Signature: _____</td> <td style="width: 30%; border: none;">Date: _____</td> </tr> </table>		Applicant Signature: _____	Date: _____
Applicant Signature: _____	Date: _____		
The personal information collected on this form will be used and disclosed solely for the purpose of processing this application and is collected under the authority of The School Act and Alberta's Freedom of Information and Protection of Privacy Act for the purpose(s) noted above. If you have any questions about this application, please call 780-986-2500.			
Submit to: SDF@starcatholic.ab.ca			
For Internal Use Only			
Date _____			
Cost Incurred	\$		
Cost Reimbursement	\$		
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;"> _____ Signature of Staff Development Fund Administrator </td> <td style="width: 30%; border: none;"> _____ Date </td> </tr> </table>		_____ Signature of Staff Development Fund Administrator	_____ Date
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