Student Reimbursement Request Form

Note: Attach proof of registry exam results (where applicable) along with the receipt for payment with this form.

Please complete the form completely. Incomplete forms will not be processed.

Student Information

Full Name:	Student ID:
Program Name:	Contact Number:
Email Address:	Graduation Date:
Mailing Address:	

Reimbursement Details

Date of Expense/Registry Exam:	Amount Requested ($):
Registry Exam Result: PASS / FAIL *(Choose only if applicable)* Description of Expense:	
Please check one ___ I will pick up the reimbursement check.	___ I would like the check to be mailed to the address above.

Declaration by Student

In completing this request form, I certify that all the information above is correct and updated to the best of my knowledge. I agree that it may take 1 to 2 weeks for the reimbursement to be processed, if approved. However, I understand that if there is any financial hold or past due balance on my student account, this reimbursement request may be delayed.

Student Signature: _____   Date: _____

Office Use Only

Date Received: _____	Reimbursement Approved: Yes/No
Amount Approved ($): _____	Check Issued: # _____
Admission Sign: _____ Date: _____	Check Date: # _____
Finance Sign: _____ Date: _____	Accounts Signature: _____
VP Sign: _____ Date: _____	Date: _____
Comments:	