



## Graduate Program Reimbursement Form

*to be submitted upon successful completion of each course*

<b>Name</b>	<b>School</b>
<b>Name of Course(s) Completed</b>	
<i>*Please attach a copy of transcript indicating successful course completion</i>	
<b>Actual Expenditure</b>	
Tuition Fees (please include receipts) (Textbooks, student services, or other related fees not covered)	\$
<b>*Approved graduate programs eligible for reimbursements up to \$625/course to a maximum of \$5000 for entire program</b>	
See Staff Development Fund Terms of Reference for more information	
<b>Applicant Signature:</b>	
<b>Date:</b>	
<small>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.</small>	
Submit to: SDF@starcatholic.ab.ca	
<b>For Internal Use Only</b>	
Date	
Cost Incurred	\$
Cost Reimbursement	\$
<b>Signature of Staff Development Fund Administrator</b>	<b>Date</b>