

In conjunction with the [Managers' Graduate Degree Reimbursement Policy](#), this form must be completed and the course must be approved prior to enrolling in the requested course.

Employee Information

Employee Name:

Division:

Department:

Course / Program Information

Course / Program Title:

Institution:

If the institution is other than West Chester University the form must be signed by WCU's chief academic officer.

Duration of Course / Program - From:  To:

Description of the Course / Program:

How is this course / program related to your career development?

Employee Signature:  Date:

Reviews - Signatures

Approved  Rejected Rejection Reason:

Department Head:  Date:

Division Head:  Date:

Chief Academic Officer:  Date:

*Chief Academic Officer signature only required if institution other than WCU.*

Once approved, please return completed form to employee so it can be submitted as part of the reimbursement request at the completion of the course.