



Century College Tuition Reimbursement Form

Tech ID Number _____

Name _____

Bargaining Union _____

Email _____

Phone Number _____

Department _____

College Class _____

Dates _____

College _____

Credits _____

Cost of the class (do not include fees)

How does this class enhance your professional growth?

Supervisor's signature (needed if class is during work time)

Please complete this form, print it out and return it to Employee Development at E1531 or fax to 651.779.3269.