



Graduate / Professional Certification Application

Employee Information

Date:
Name:
Department:

Certification/Program Information

<u>Program description:</u>	
<u>Program length:</u>	
<u>Program Costs:</u>	
Registration/exam fees	\$
Tuition	\$
Course Materials	\$
Travel (e.g. airfare, lodging, mileage, ground transportation, parking)	\$
Other: _____	\$
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Total estimated program costs*	\$
Estimated reimbursement (2/3 costs to maximum of \$10,000)	\$
*The University recognizes estimates above may change by the time of reimbursement.	
<u>Benefits to the University from degree/certification:</u>	

(Attach document if more space is needed)

Refer to Section 9.4 of the Administrative Professional Officer (APO) Manual for complete information on the Graduate / Professional Certification program.

The University will only reimburse 2/3 of the program costs to a maximum of \$10,000 over a period of five years. APOs must complete all courses successfully to receive reimbursement. Proof of course/program completion (e.g. transcripts, grade certificates, etc.) as well as proof of payment is required for reimbursement processing. APOs may also claim for reimbursement through their Professional Supplement for amounts over the \$10,000 maximum or for the non-reimbursed 1/3 of program costs.

If the APO voluntarily leaves the service of the University of Lethbridge within 24 months of receiving funding under this program, he or she must refund a portion of the funding on the following basis: the full amount of the tuition paid by the University less an amount equal to 1/24 for each full month employed less than the two years from the funding date. If the APO has not repaid the University before the last day of employment, the University will deduct the amount outstanding from any salary, wages, overtime pay, or any other entitlements owed to the APO.

By signing this application form, I hereby declare that I have read and understand Section 9.4 of the Administrative Professional Officer (APO) Manual and agree to all the terms therein.

Signature of applicant

Date

Approved by

AVP, Human Resources

Date

For office use only

Original to Human Resources

Copy to Financial Services