



COLLEGE OF THE DESERT

OFFICE OF HUMAN RESOURCES

CLASSIFIED PROFESSIONAL GROWTH APPLICATION

Employee: _____

*Immediate Supervisor _____ Approved
_____ Not Approved

Job Title: _____

Application Date: _____

Supervisor Signature _____ Date _____

Course Title: (Attach Catalog description)	Course Number:	Timeline:	Category: (Graduate, Undergraduate)	Number of Units: (Specify Quarter, Semester)	Institution:

Estimated expenses: Fees/tuition \$ _____
 Books \$ _____
 Total: \$ _____

(Maximum reimbursement allowable per fiscal year is \$800.00)

* Supervisor approval is only required if the class which the unit member seeks to attend is offered during the unit member's regularly scheduled work hours.

