## Columbia Union Conference Office of Education

## DOCTORAL ASSISTANCE FORM: QUARTERLY/SEMESTER UPDATE

In order to continue receiving CUBOE-approved financial assistance to offset your tuition expenses for approved doctoral study, this form must be completed at the beginning of each quarter or semester in which you are enrolled in course-work, including dissertation hours. Please provide all of the information requested in a timely manner so that the CUOE can expedite reimbursement.

Name:	Quarter/Semester:			
nstitution: Date of R		equest:		
COURSES BEING TAKE (Reimbursement Sought)				
Complete the table below, outlining the course(s) information for which you intend to secure reimbursement for earned course credit in the current/past quarter or semester. At the end of the spring semester of each academic year, a copy of your transcript must be submitted to the CUOE for continued financial assistance.				
Course #	Course Name	Credits Earned	Grade	Cost*
* Cost for whic	ch reimbursement is sought per policy			
TOTAL REIMBURSEMENT SOUGHT				
	expense for this quarter/semester is \$t, per policy. This reimbursement is to be return		r which I s	eek
S	Student (Me)			
(	Conference or Academy			

Student' Signature