



CLASSIFIED PROFESSIONAL REIMBURSEMENT PROGRAM
Fund 1a – Educational Plan

Name: _____ **L** _____

Phone/Ext: _____ **Email:** _____

Department: _____ **Date:** _____

Name of Institution: _____

Program: _____

Academic Calendar: ☐ Quarter ☐ Semester ☐ Other

- 1) Provide us with either a copy of the institution's catalog or web page showing all of the requirements for your program. Note: A web link is not sufficient by itself, but could be helpful to us.

Web link (optional): _____

- 2) When do you plan to be done with this program? _____

- 3) List the courses (by subject and course number) you still need to take to complete your program: