

Grand Valley State University
Purl Cobb Memorial Training Fund

Educational Assistance Request

Employee Name: _____

Request Date: _____

Course/Training Desired

Course Name: _____

Location: _____

Course Content: _____

Start/End Date: _____

Costs of Training

(Original Receipts & Proof of Completion must be attached)

Tuition: _____

Fees: _____

Course Materials: _____

Total Requested: _____

Explain what arrangements you have made with your supervisor regarding the absence from work, if course is scheduled during your working hours:

Explain how this training will benefit you (as an employee and in your personal life):

Employee Signature: _____ **Date:** _____

Please do not write below this line

Committee Member Approval/Denial: _____

Committee Member Approval/Denial: _____

Committee Member Approval/Denial: _____

Committee Member Approval/Denial: _____

Committee Member Approval/Denial: _____

Committee Recommendation: _____ Approve _____ Deny

Committee Action: Amount to be Reimbursed: _____ Transaction Number: _____