

GRADUATE ASSISTANCE PROGRAM (GAP) - REIMBURSEMENT FORM

To print and complete this form, please download the PDF copy of the form. Once downloaded, open the form using a PDF viewer such as Adobe Acrobat. Go through the form and fill out all the required information, then save a copy of PDF somewhere that is easily accessible. Print the completed form and attach all required documents before submitting to P&C at oe@humber.ca.

1. Applicant Details	
Last name:	First name:
Employment Type: <input type="checkbox"/> Admin <input type="checkbox"/> Faculty <input type="checkbox"/> Support	N Number:
Campus:	Department/Faculty:
2. Program Information	
Name of Institution:	
Name/Title of Program:	
Name of Course:	
Course Code:	Tuition Cost of Course:
Start Date of Course (MM/DD/YYYY):	End Date of Course (MM/DD/YYYY):
3. Additional/Supporting Documentation	
<p>Please attach the following documentation with this form: Note: For payment to be processed all documentation and this form must be included.</p> <p><input type="checkbox"/> a. Proof of Payment (including fee breakdown, if applicable)</p> <p><input type="checkbox"/> b. Official Transcript (includes the course grade)</p> <p><input type="checkbox"/> c. Course description with learning outcomes</p>	
<p>The information and supporting details provided are accurate to the best of my knowledge. Please note that if required an HROE staff might contact you to verify the details provided.</p>	
_____ Employee Signature	_____ Date (MM/DD/YYYY)
FOR OFFICE USE ONLY	
Cohort:	Fiscal Period:
Reimbursement Year: <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4	
Remaining Balance for Fiscal Year:	Approve Reimbursement Amount:
Date (MM/DD/YYYY):	Approved by:
<p>*This document is available in alternate formats upon request.</p>	