

Request for Exam & Professional Development Reimbursement Request Form

Please complete entire form

Name: _____ SID: _____

UCR Email: _____

Mailing Address:

_____ (house number & street name)
 _____ (City), _____ (State) _____ (Zip Code)

Reimbursement request type (Please circle all that apply) CBEST CSET

Exam Date(s): _____

Are you employed by UCR as a student worker? Yes No

If yes, which department? _____

Please shade by marking with an "x" in the time blocks when you are generally available. From this information, an SMI advising appointment will be set up and communicated to you by email. At this meeting, your eligibility for the Post-Exam Scholarship will also be discussed.

	AM								PM						
	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00
M															
T															
W															
R															
F															

By signing below, I agree to:

- Take the exam reimbursement survey(s), with the understanding that my reimbursement request will not be processed until completed survey(s) is/are returned electronically to SMI.
- Allow SMI to identify me as a successful examinee for various SMI publications (e.g. web site, newsletter, brochures, bulletin board, etc.).
- Provide proper documentation, if required, to confirm eligibility for SMI Exam & Professional Development Reimbursement Program.

Signature

Date

SMI Office Use:

Date submitted for SMI approval: _____ Initial of SMI personnel who accepted the submission _____

Date survey sent to student: _____ Date survey was completed: _____

Vendor/Emp #: _____ FAU: _____

form rev 4/12/21