



# Test Prep Reimbursement Request

Student Name: \_\_\_\_\_ Campus Key: \_\_\_\_\_

Program: \_\_\_\_\_ Date: \_\_\_\_\_

To qualify for this reimbursement, students must be in the LEAP pathway of the MPH program and in good academic standing. Maximum reimbursement is \$1,000 toward an MCAT, PCAT, DAT, or similar clinical program entrance exam preparation course.

## Request

ITEM	COST

Total Request \$ \_\_\_\_\_

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## For Office Use only

W9 received

All receipts received

Request Approved for \$ \_\_\_\_\_

Request Denied: \_\_\_\_\_

Program Director (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Director, Academic Affairs (Signature): \_\_\_\_\_ Date: \_\_\_\_\_