



## Test Prep Reimbursement Request

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

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

To qualify for this reimbursement, students must be in the Accelerated MPH pathway of the 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 \$ \_\_\_\_\_

---

### For Office Use only

☐ W9 received

☐ All receipts received

☐ Request Approved for \$ \_\_\_\_\_

☐ Request Denied: \_\_\_\_\_

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

Senior Director, Academic Operations (Signature): \_\_\_\_\_ Date: \_\_\_\_\_