

Academic Program Review Curriculum Development Reimbursement

Use this form to receive reimbursement for completed curriculum development work related to Academic Program Review. By signing this form, the dean is affirming satisfactory completion of the curriculum project.

Instructions: Save a copy of this form to your drive or desk top. When form is completed and signed, email it to Mai Mathers at mathersm@lanecc.edu.

Submitted By _____ Date _____

Program _____ Fiscal Year (s) _____

FOAP _____

Total Hours _____ Reimbursement Amount \$ _____

Description of work _____

Routing and Approval

Dean _____ Date _____

APR Coordinator _____ Date _____

Return to Academic Program Review Coordinator Office when all signatures complete

| | | |
|------------------------------------|--------------------|---------------------|
| <u>APR Office Use Only:</u> | | |
| Date Rec'd _____ | Processed by _____ | Transfer Date _____ |