***eLearning***

**Mott Community College**

**Memorandum**

**ETOM Completion**

**Application for Reimbursement**

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Request by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mott ID # \_\_\_\_\_\_\_\_

(name- please print)

Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attached:

\_\_\_\_ Copy of Certificate of Completion attached

\_\_\_\_ Proof of Payment (invoice with $0 balance, copy of cancelled check, etc.) attached

\_\_\_\_ Authorization of Dean to take this course (prior to registration), either sent to   
 the Manager of eLearning prior or attached.

Signature of Dean for Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for taking this course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Submit this form and attachments to eLearning Office – CM 2124**