

**School of Dentistry**  
**Application for Educational Reimbursement**  
(Please email to Maria Rina-Simon: [Maria.Rina-Simon@ucsf.edu](mailto:Maria.Rina-Simon@ucsf.edu))

Name: \_\_\_\_\_ Payroll Title: \_\_\_\_\_

1. Provide a description of the proposed educational activity to be undertaken.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe the relation of the activity to your current job responsibilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How will this activity assist in your transition into future UC career-related positions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Provide a statement of the relative importance of this activity to the overall needs of the School.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is the particular training or similar activity available within UC's Development and Training department?

- Yes
- No

6. Amount of tuition reimbursement request: \_\_\_\_\_

Approvals: \_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Department Manager

\_\_\_\_\_  
Associate Dean for Administration and Finance