



Broward Technical Colleges
2019-2020 Postsecondary Student Industry Certification Reimbursement Request Form

McFatter Technical College and Technical High School

✓ **Students must provide the following of an approved exam to be eligible for a reimbursement:**

- ___ Copy of Official Exam Registration (Authorization to Test; Email; Letter)
- ___ Copy of Payment Verification (Payee credit card receipt, bank statement, Cashier's check, official email, or Money order - *Payee must sign all receipts prior to submission*)
- ___ Official Proof Exam Passed: (Email; Letter, copy of credential or license)

Additionally, both of the following conditions must be met and all paperwork MUST BE submitted no later than June 15, 2020 or application cannot be reviewed to determine eligibility:

1. Student MUST have been enrolled between 07/01/2019 and 06/15/2020 ___ YES ___ NO
2. Industry exam MUST have been completed & earned between 07/01/2019 and 06/15/2020 ___ YES ___ NO

-----STUDENT COMPLETES THE FOLLOWING-----

Date of Request: _____ Date: Program Completion: _____

Program Name: _____ Teacher Name: _____

Industry Credential Title: _____ Date: Industry Credential Earned: _____

Student Name: _____ (FSI) Student # _____

Print Name: _____ Social Security # Last 4 digits only: _____

Payee Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Email Address: _____ Student Signature: _____

-----MTC DESIGNEE COMPLETES THE FOLLOWING-----

- Was student registered and in good standing at the Technical College? ___ YES ___ NO
- Was test completion within timeframe? ___ YES ___ NO
- Is exam listed on Perkins PS Clock Hour? ___ YES ___ NO
- Is exam Performance Incentive Funding (PIF)? ___ YES ___ NO

DOE Code _____ DOE Code _____ DOE Code _____ DOE Code _____

1. Has student received a refund for another exam? ___ YES ___ NO If YES, Amount: _____
2. Has student exceeded the \$300.00 maximum threshold? ___ YES ___ NO
3. Does student qualify for a refund? ___ YES ___ NO
4. If YES, Total Amount of Refund: \$ _____

Technical Program Assistant Director/Designee Signature: _____ Date: _____

Technical College Director/Designee Signature: _____ Date: _____