# COLLEGE OF ARTS & SCIENCES
# PSYCHOLOGY DEPARTMENT
MASTERS PROGRAM

*Tuition Credit Request for*
*Drexel-Kaplan Graduate Degree Advantage Program*

NAME _____

KAPLAN GRE PREPARATION INFORMATION

| Type of Prep Taken (e.g. course, tutoring) | Date(s) | Amount |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

TOTAL TUITION REIMBURSEMENT REQUESTED _____

REQUIRED SIGNATURES

Student _____ Date_____

Program Director _____Date_____