

CALIFORNIA INSTITUTE OF TECHNOLOGY

DEAN OF GRADUATE STUDIES OFFICE

REQUEST FOR REIMBURSEMENT UNDER SPECIAL NEEDS ALLOWANCE

Student Information (please print clearly)

Student Name (Last Name, First Name)

Social Security Number

Date of Birth

Phone Number

Home Address

City

State

Zip

Coverage Information

Carrier Name

Policy Number

Amount of Premium Reimbursement Requested \$ _____ *

Period of Coverage:

From: _____

To: _____

Dependant Name

Relation to Student

Dependant Name

Relation to Student

Dependant Name

Relation to Student

Signature

Date

*The lesser of \$100.00 per month or the out of pocket expense.

Attach the following documentation: copy of canceled check, paycheck stub, bank statement, or itemized bill

GRADUATE OFFICE USE ONLY

Approved By: _____

Date: _____ Payroll Date: _____