



AAFMCC

AFT Local 6533

Association of Adjunct Faculty of Macomb Community College

Tuition Reimbursement Program Intent to Register Form

Name: _____

Employee ID#: _____

**Intent and Proof of Registration must be submitted *10 calendar days prior to start of*
Fall or Winter Semester Courses.**

Name of Institution: _____

Institution Address: _____

Institution Phone: _____

Course Title & Number : _____

Course Dates: _____

Member Signature: _____ Date: _____

Remember to include all supporting documentation through USPS:

P.O. Box 183017 Shelby Twp., MI 48317

or send electronically to Jeff Kass through email:

aafmccvp@gmail.com (please put TRP intent to register form in subject line.)