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## **Continuing Education Coverage Request**

Full Name:

Position:

Email:

### **Educational Program Details**

Institution Name:

Course(s) Title:

Total Credit Hours:

Tuition Cost:

### **Reason for RIVR Coverage: Please provide justification**

Relevance to Current Role:

### **Approving Official**

Name of RIVR Account Holder:

Signature of RIVR Account Holder:

Date: