

TUITION REIMBURSEMENT REQUEST FORM

Date of Request _____

Employee Name _____

Date of Hire _____ Department _____

Name of School Attending _____

Name of Degree Program _____

Name of Course(s) _____

If course(s) is (are) not part of a degree program, please explain how job-related:

Semester: Fall Spring Academic Year: _____ to _____
(Month/Yr.) (Month/Yr.)

Amount of Tuition* (tuition only, no fees) \$ _____

***Copies of final grades and documentation of cost of tuition paid must be provided before reimbursement will be made.**

To be completed by Human Resources

Employee Classification: Faculty Administrative Union/Non-Union Hourly
Eligible? Yes No Payment Authorized: \$ _____

Approval Signature/Date _____