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 ________________________________________________