

## TUITION REIMBURSEMENT APPLICATION

EMPLOYEE INFORMATION						
Application for:      Fall___      Winter___      Spring___      Summer___						
Date:						
Employee Number:			Name:			
Job Title:			Work Phone:			
Division:			Immediate Supervisor:			
Division Administrator:						
COURSE INFORMATION						
Name of School:						
List the course for which you are requesting reimbursement. Attach required documentation per Tuition Reimbursement Policy						
Course Number	Course Title	Start Date	End Date	Credit Hours	Cost per Credit	Total Tuition
Explain how course is related to your work or to your career advancement. (Be specific)						
Type of Program:      Undergraduate___      Graduate___						
Major or Certificate Sought:						
Will you receive financial assistance from another source for the course(s) for which you are requesting tuition reimbursement?    Yes___ No ___      If yes, please list type of assistance and amount:						
I hereby apply for reimbursement in accordance with the established Tuition Reimbursement Policy. I have read the policy and I understand and agree to comply with its provisions. I also certify that the information above is correct. It is my intent, at this time, to remain in the employment of Administrative Services for at least one year following completion of approved course work. In the event I leave the employment with Administrative Services within this one-year period, I agree to repay Administrative Services the Tuition Reimbursement funds applicable to course(s) completed during such period as outlined in the Tuition Reimbursement Policy. By signing this application request, I certify that I am not receiving tuition reimbursement/educational assistance from any other source.						
Signature of Applicant:				Date:		
RECOMMENDATION AND APPROVALS						
I have reviewed this application and recommend ___or deny___ this application.						
Signature of Division Administrator:				Date:		
I have reviewed this application and approve___ or deny___ this application. Approval: ___100% for Required Course ___50% for Degree Programs or for Personal Advancement Program						
Signature of Administrative Services' Director:				Date:		
I have reviewed this application and approve ___ or deny ___ this application. Approval: ___100% for Required Course 50%___ for Degree Programs or for Personal Advancement Program						
Signature of Human Resource Administrator:				Date:		
Reason to approve or deny application:						
HUMAN RESOURCE USE ONLY						
Date Application Received:		Final Dollar Approval:				
		Date Final Grade Documentation Received:				
Percentage of Reimbursement:		Date Submitted to CF for Payment:				

