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**Tuition Reimbursement Program Request**

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| --- | --- |
| Employee Name | Supervisor Name  |
| Job Title | Department | Hire Date |
| Degree TypeAssociate Bachelor Masters Certification | Term Dates |
| Degree | School Name |
| Course # | Course Title | Days/Times  | Estimated Fees (class, labs, or books) |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
| Please attach a copy of the class summary, confirmation of enrollment and a copy of fees related to the class(es). Coursework only. Explain the course and how it is career related (attach separate sheet if more room is needed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     |

Preapproval does not guarantee reimbursement. All criteria, as outlined in the Tuition Reimbursement Policy, must be met in order for reimbursement to be processed.

|  |  |
| --- | --- |
| Employee Signature | Date |
| Supervisor Signature | Date |
| SVP of HR Approval  | Date |
| CFO Approval | Date |

**Course Final Grades: 1. \_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is authorized for $ \_\_\_\_\_\_\_\_\_\_\_\_ reimbursement of fees.

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| SVP of HR Approval  | Date |