

**Tuition Reimbursement Program Request**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name | | | | Supervisor Name | | | | |
| Job Title | | Department | | | | | Hire Date | |
| Degree Type  Associate Bachelor Masters Certification | | | | | Term Dates | | | |
| Degree | | | School Name | | | | | |
| Course # | Course Title | | Course Start Date | | | Course End  Date | | Estimated Fees (class, labs, or books) |
|  |  | |  | | |  | |  |
|  |  | |  | | |  | |  |
|  |  | |  | | |  | |  |
|  |  | |  | | |  | |  |
| 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 for reimbursement to be processed.

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

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

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

|  |  |
| --- | --- |
| Head of HR Approval | Date |