

Tuition Reimbursement Application

Employee Information				
Name:	Hire Date:			Today's Date:
Current Position/Title:	Department:			
Educational Information				
Educational Institution:				Pursuing a Degree: ☐ Yes ☐ No
Type of Degree:			Major:	
Please attach a required course list. This is only required upon your initial request unless there is a change to your plan.				
Course Information				
Course Title:			Course Number:	
Course Start Date:			Estimated Course End Date:	
FINAL GRADE (enter after course completion):		Tuitic	on Cost:	Textbook Cost:
Course Title:			Course Number:	
Course Start Date:			Estimated Course End Date:	
FINAL GRADE (enter after course completion):			on Cost:	Textbook Cost:
Course Title: Course Number:				
Course Start Date:			Estimated Course End Date:	
FINAL GRADE (enter after course completion):		Tuitio	on Cost:	Textbook Cost:
Are you receiving other educational assistance for the course(s) listed above? (This does not include any loans you must repay)		If yes	s, amount:	The amount reimbursed will be offset by the amount of other assistance you receive.
Please Note: Any tuition reimbursement of the course(s) requested above are granted on the condition, that the course(s) are completed with a satisfactory grade of "C" or better, or "Pass" for courses that can only be taken "Pass/Fail", and will only be reimbursed for the calendar year limit amounts that have not been reimbursed by the other agencies (i.e., scholarships, stipends, grants, etc.).				
Employee Signature				
This application is submitted for approval of tuition reimbursement. I have read policy 6-100 Tuition Reimbursement and understand the Tuition Reimbursement Program and agree to its provisions. I will be reimbursed by providing my supervisor with the appropriate documentation upon completion of the course(s). I understand that voluntary termination within two years of course completion will result in repayment of all funds that were reimbursed to me.				
Signature: Date:				
Approval This application has been reviewed and approved.				
Manager's Signature:			Date:	
Dept Head or Elected Official's Signature:			Date:	
Human Resources Signature:			Date:	