



GRADUATE TUITION REIMBURSEMENT REQUEST FORM

EMPLOYEE: *Employee must receive approval from manager **BEFORE** course has started and should submit form to Human Resources **AFTER** grades have been received.*

1
Employee Name: _____ Hire Date: ____/____/____

Department Name: _____
Budget Code: _____

School: _____
Current Position: _____

Semester: _____
Degree Program: _____

2

COURSE #	COURSE TITLE	FINAL GRADE	COST	Reimbursable (100% - A) (90% - B)	TOTAL
		COURSE TOTALS			
		BOOK FEES			
		MISC FEES			
				TOTAL REIMBURSABLE	

Year-to-Date					
Semester	Spring	Summer	Fall	Winter	Total (Max. \$10,000 per year)
Cost					

3

Manager's Approval _____
Date: _____

Department VP Approval _____
Date: _____

Committee Approval _____
Date: _____

Human Resources Approval _____
Date: _____

(9 Box/Overall Rating) _____

Note: Refer to the Tuition Reimbursement Policy updated on 8/8/2024 for procedures and specific details concerning eligibility and grade requirements.