



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: _____

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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. \$5,250)
Cost					

3 **Manager's Approval** _____ Date: _____
Human Resources Approval _____ Date: _____

Note: Refer to the Tuition Reimbursement Policy updated on 11/1/2017 for procedures and specific details concerning eligibility and grade requirements.