

# Application for Tuition Reimbursement

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Course Number and Description:

College/University: \_\_\_\_\_

Number of Credit Hours: \_\_\_\_\_ Quarter \_\_\_\_ Semester \_\_\_\_ Tuition Amount: \_\_\_\_\_

Class Start Date: \_\_\_\_\_ Class Ending Date: \_\_\_\_\_

Rationale:

Number of hours submitted for prior approval this fiscal year (July 1 - June 30)

\_\_\_\_\_ Semester Hours          \_\_\_\_\_ Quarter Hours

I hereby request prior approval to take the above course(s).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Supervisor: Hold prior approval request and submit with course completion and payment request.**

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I certify that I have successfully completed the above course(s) and hereby apply for tuition reimbursement per the staff agreement. Attached please find evidence of successful course completion.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Approved for Reimbursement: \_\_\_\_\_ Account #: \_\_\_\_\_