



**Tuition Reimbursement
Program Application**
(Please Print)

Employee Name _____

Job Title _____ Employee # _____

Course work leading towards: (check one)

- Individual Course (not part of a degree or certification program)
- Associate Degree, Technical School, Diploma/Correspondence School
- Bachelor Degree
- Graduate Degree

Name of Educational Institution _____

Course Name(s): 1. _____

2. _____

Tuition \$ _____

(Note: Net cost to employee, do not include cost paid by Veteran's Administration or other financial assistance)

Term begins _____ Term ends _____

Day(s) class meets _____ Time(s) class meets _____

Objective in taking class _____

Employee Signature _____ **Date** _____

TO BE COMPLETED BY DEPARTMENT DIRECTOR

Approved Not Approved, reason _____

Director Signature _____ **Date** _____

TO BE COMPLETED BY HUMAN RESOURCES

Approved Not Approved, reason _____

Human Resources Signature _____ **Date** _____