UNDERGRAD 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. $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.