

TUITION FORM

Employee Information

Employee Name:

Job Title:

Hire Date:

Department:

Location:

Course Information

Course Title:

Degree Program (if applicable):

Dates of Course:

Pre-Approvals (recommended)

Signature

Printed

Date

Employee's Manager:

Sr. Director, Benefits & Comp/Benefits Manager:

Cost Information

Cost of Tuition:

Cost of Books:

Fees:

Total Amount Requested:

Attachments

Note: The following must be attached for reimbursement:

Detailed Course Description

Completed Promissory Note

Proof of Cost

Final Grade

Final Approvals

Signature

Printed

Date

Employee's Manager:

Department Head/Regional VP:

Benefits Manager:

Sr. Director, Benefits & Compensation: