



## TUITION REIMBURSEMENT REQUEST

Date \_\_\_\_\_

Employee Name \_\_\_\_\_ Position \_\_\_\_\_

Institution \_\_\_\_\_ Course of Study \_\_\_\_\_

Course Number \_\_\_\_\_ Course Name \_\_\_\_\_

Semester Hrs. \_\_\_\_\_ Cost/Semester Hr. \_\_\_\_\_ Total Cost \_\_\_\_\_

Course Beginning Date \_\_\_\_\_ Course Ending Date \_\_\_\_\_

Course Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVAL:

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Department Director

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Authorized Employer Representative