



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