

# TUITION ASSISTANCE REQUEST FORM

REFERENCE: EMPLOYEE HANDBOOK POLICY 314

**PLEASE NOTE THIS REQUEST MUST BE COMPLETED PRIOR TO ENROLLMENT IN THE COURSE AND IS SUBJECT TO APPROVAL BASED ON DEPARTMENTAL BUDGET.**

Date of Request: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Dept: \_\_\_\_\_ Job Title: \_\_\_\_\_

School Attending: \_\_\_\_\_ Tuition Cost: \_\_\_\_\_

Course Taken: \_\_\_\_\_  
(One form per course and per semester)

Date of Course: From \_\_\_\_\_ (DATE) to \_\_\_\_\_ (DATE)

Description of course and how it relates to job (including how taking this course will benefit the College). Attach an additional sheet for further description, if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I understand that if this request is approved, upon successful completion of the course with a minimum grade of "C", the College will reimburse me for one-half of the cost of tuition, not to exceed \$500 in any one (1) fiscal year, provided I submit proof of tuition paid and my course grade.*

\_\_\_\_\_  
 Employee Signature Employee Name (print) Date

\_\_\_\_\_  
 Supervisor's Approval Supervisor's Name (print) Date

\_\_\_\_\_  
 Human Resources Approval HR Representative's Name (print) Date

**OFFICE OF HUMAN RESOURCES USE ONLY:**

	Date	HR Initials
Tuition Receipt Received:	_____	_____
Proof of Grade Received:	_____	_____
Check Request Submitted to Business Office:	_____	_____