

⊙ **Request for Tuition Reimbursement** ⊙

Name: _____

Position: _____ School: _____

Title of Course & Course Code: _____

Course Description: _____

College/Agency: _____

Dates of Term: _____

Relationship to Program Issuing Reimbursement: _____

Cost: Tuition _____ Books _____ Fees _____

(Please attach all receipts to verify cost.)



Reimbursement for Allowable Expenses:

Approved*

Not Approved

Signature of Coordinator/Supervisor: _____

Date: _____

*Criteria for Reimbursement: Employee must submit verification of passing grade (C or above) via transcript or grading report.

Copies: Participant
Coordinator/Supervisor