

Request for Tuition Assistance

Employee Name: _____

Department: _____

PART I

I am applying for the following training under the Company's tuition reimbursement program. I understand that if approval is granted, I am responsible for achieving a the minimum grade for my desired degree as stated in the Education Assistance Policy in order to be eligible for reimbursement.

Name of Educational Institution: _____

Course(s) Desired: _____

Relationship of Course to Job (Benefits to Company Operations): _____

Date Course Begins: _____ Date Course Ends: _____

Estimated Cost: _____

APPROVAL:

Supervisor: _____ Date: _____

PART II

Submit this form upon completion of your program to your Supervisor along with copies of paid receipts and grades completed.

Costs To be Reimbursed: _____

Grade(s)/Received: or Pass/Completed: _____

Supervisor: _____ Date: _____