

FOP/Lodge 9 Bargaining Unit Tuition Reimbursement Program Term Request

Employee Name _____ Cougar ID # _____

Department/Ext. _____

Unit: **FOP/Lodge 9 Article 23**

Institution Attended _____ Academic Term _____

Note: Union member must maintain a minimum GPA of 2.5 in order to receive tuition reimbursement.

Course Number	Course	Credit Hours	Course	
			Start Date	End Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Credits		_____	_____	_____

Term applications must list the course(s) a union member plans to take, provide details on how the course(s) aligns with the overall program approval and include an estimate of the anticipated cost they plan to request reimbursement for at the completion of the course(s).

By signing below, you acknowledge you have read Article 23 – Tuition Program and Fee Waiver of the FOP’s Collective Bargaining Agreement and affirm compliance with the criteria set forth. Submit completed form to tuitionform@csc.edu.

Date Employee Signature

Date Employee’s Supervisor Signature

Term Estimated Cost: _____

Note: The College will reimburse instructional and general fees for courses taken at an accredited college or university, per Article 23 – Tuition Program and Fee Waiver. All other fees and charges are the responsibility of the union member.

For Official Use Only

Date Administration Approval Signature