

**Tuition Reimbursement Program Term Request for Bargaining Units**

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

Cougar ID # \_\_\_\_\_

Department \_\_\_\_\_

Bargaining Unit \_\_\_\_\_

Institution Attended \_\_\_\_\_

Academic Term \_\_\_\_\_

**Note: Union members must maintain a minimum GPA of 2.5 to receive tuition reimbursement.**

Course Number	Course Name	Credit Hours	Start Date	End Date

Total Credits \_\_\_\_\_

**Term applications must include the course(s) a union member plans to take, details on how the course(s) align with the overall program and include the anticipated reimbursement cost upon completion of the course(s).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, you acknowledge you have read your unit’s collective bargaining agreement and affirm compliance with the criteria set forth. Submit completed form to [tuitionform@csc.edu](mailto:tuitionform@csc.edu).

**Term Estimated Cost:** \_\_\_\_\_

\_\_\_\_\_  
Date Employee Signature

\_\_\_\_\_  
Date Supervisor Signature

**Note: Only instructional and general fees for courses taken at an accredited college or university will be reimbursed as agreed upon by your collective bargaining unit. All other fees and charges are the responsibility of the union member.**

**FOR HUMAN RESOURCES USE ONLY**

\_\_\_\_\_  
Date Administration Approval Signature

Return completed form to [tuitionform@csc.edu](mailto:tuitionform@csc.edu)