

## **Application for CSCC Tuition Reimbursement Program**

## **Directions:**

- 1. Please review the policy/procedure associated with your position at the college (Staff- Policy 3-08(G), CSEA-Article 48, FOP Article 23, Teamsters Article 21) for details regarding the tuition reimbursement program.
- 2. Complete the information below and obtain the appropriate signatures.
- 3. Attach a copy of your proposed program of study and a statement of why and how this program is beneficial to your work at Columbus State.
- 4. Submit the completed form to tuitionform@cscc.edu 30 calendar days prior to anticipated program start date.
- 5. Submit reimbursement request according to the terms set forth by your union contract or policy 3-08G, whichever is applicable.
- 6. The application expires 6 months after the expected completion date. You will need to request an extension if you will complete your program more than 6 months after the expected completion date.

Employee Name  Department/Ext  Unit				
	tion reimbursement program before? proval to follow a(n) education program towa	-	did you earn?degree:	
Degree Expected				
Program Start Date		Expected Completion Date  Academic Term		
Date	Employee Signature	 Date	Supervisor Signature	
Date	Additional Signature if necessary	Date	Division VP Signature	
	FOR HUMAN I	RESOURCES USE ONLY		
Date	Administration Approval Signature			

Return form to tuitionform@cscc.edu