

Full-Time Employee Educational Reimbursement Request

Employee Name _____ Cougar ID # _____

Department/Extension _____

Date of employment with college: (DD/MM/YYYY) _____

Date entered program for which being reimbursed: (DD/MM/YYYY) _____

Institution Attended _____ Academic Term _____

(Complete one form per term)

Program: Under Grad. _____ M.A. /M.S. _____ Ph.D. _____ Serving Residency Requirement

Per Fiscal Year \$6,000.00 \$8,000.00 \$8,000.00 Yes _____ No _____

NOTE: The maximum allowable reimbursement amount for any fiscal year is \$8,000.

Course Number	Course	Course / Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total Credits _____

For deferment programs, please initial, if applicable: _____

I certify that I have been accepted into the institution listed above referenced institution's deferment program and will be utilizing the program.

NOTE: Please attach copies of paid invoices and official grade report for the above referenced course.

NOTE: Reimbursement will be granted based on the fee structure in effect at the time of course registration.

Date Employee Signature

Date Employee's Supervisor Signature

Date Division VP/Delegate Signature

For Official Use Only

Completed by Payroll/AP Office

Tuition Reimbursement Calculations

Total Amount: _____

Payroll to Pay: _____

A/P to Pay: _____

Initials: _____

Account No.: _____

Reimbursement request must be received within 60 days after receiving the official grade.

Amount of Reimbursement \$ _____

Date Administration Approval Signature