# 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)

<table>
<thead>
<tr>
<th>Program</th>
<th>Under Grad.</th>
<th>M.A. /M.S.</th>
<th>Ph.D.</th>
<th>Serving Residency Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Fiscal Year</td>
<td>$6,000.00</td>
<td>$8,000.00</td>
<td>$8,000.00</td>
<td>Yes _____ No _____</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course</th>
<th>Course / Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________</td>
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</tbody>
</table>

**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.

**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.:** __________________

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

**Amount of Reimbursement** $ ______________

**Date** ______________________  **Administration Approval Signature** ______________________

**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.