



Tuition Reimbursement Request Form

Provide the information requested below along with receipts and verification of course grade to request tuition reimbursement.

Name: _____

Department: _____

School/College or University: _____

Course Name: _____

Credit Hours: _____ Date Course was completed: _____

List each item and amount to be reimbursed (one item and amount per line):

Employee's Signature

Date

Supervisor's Signature

Date

Approved Coursework on _____
Date

Approved by: _____
Human Resources Director