**Tuition Reimbursement Request – Outside Institutions**

**AAPF**  **CCMSA**  **FACCM**  **Chairperson/Asst. Chair.**  **Mgmt./CASS**

**Seeking a:**  **Bachelor’s** **Degree**   **Master’s Degree**  **Doctorate**



Please provide your department’s 5 digit account #:

Employee Name: Position:

|  |  |
| --- | --- |
|  |  |

Institution Name: Tuition Cost Paid Per Credit:

|  |  |
| --- | --- |
|  |  |

# Credits Requested:    Semester:  Winter  Spring  Summer  Fall Year:

|  |  |  |  |
| --- | --- | --- | --- |
| Course 1: |  | Course Dates: |  |
| Course 2: |  | Course Dates: |  |
| Course 3: |  | Course Dates: |  |

Rationale: How is the coursework related to the employee’s job?

I hereby verify that I have not received any financial assistance from any other sources, including grants, scholarships, stipends, etc. on behalf of this tuition reimbursement request and the tuition expenses submitted have been entirely paid for by me.

***Management Employees Only:*** I understand that if I leave employment with the college within 1 year of attaining my degree and receiving a $1,400 salary increment, I will be responsible for repaying 100% of the tuition reimbursement I have received in the last two years immediately prior to receiving the increment. If I complete 1 year of service but less than 2 years, I will be responsible for repaying 50% of that amount. A copy of the policy outlining this requirement has been given to me.

Employee Signature: Date:

**Please check with your tax advisor to determine if you are liable for taxes on this benefit.**



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