

## STAFF TUITION REIMBURSEMENT FORM

Full-time classified employees may apply for tuition reimbursement for courses taken at an accredited institution of higher education. Courses must fit within the employee's approved personal training plan. **Application for reimbursement must be submitted two weeks prior to the start of the course(s).** Reimbursement is paid after documentation of successful completion of the course. Course start date determines the reimbursement year.

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Cowley ID Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date full-time employment began \_\_\_\_\_

### Educational Objective:

\_\_\_\_ Seeking completion of a degree program. List degree: \_\_\_\_\_  
\_\_\_\_ Taking course for professional development/personal enrichment only

### Course Information:

Tuition cost of course \$ \_\_\_\_\_ Amount requested for reimbursement \$ \_\_\_\_\_  
College/University \_\_\_\_\_  
Course No. and Title \_\_\_\_\_  
Course level: \_\_\_\_ Undergraduate \_\_\_\_ Graduate \_\_\_\_ Number of credit hours  
Course start date: \_\_\_\_\_ Course end date: \_\_\_\_\_ Time of course \_\_\_\_\_

### Personal Training Plan:

Attach a separate sheet describing how this course/program fits into your personal training plan and how it directly relates to your position at the College.

Employee signature	_____	Date	_____
Supervisor signature	_____	Date	_____
VP of Finance	_____	Date	_____
President (pre-approval)	_____	Date	_____

### Submit completed form to the College President

\_\_\_\_ Approved Amount approved \$ \_\_\_\_\_  
\_\_\_\_ Denied Reason: \_\_\_\_\_

President's signature	_____	Date	_____
VP of Finance signature	_____	Date	_____

**Approved copy goes to Human Resource Director and Employee - Denied copy is returned to employee only**

### OFFICE USE ONLY:

Date requisitioned \_\_\_\_\_ Request # \_\_\_\_\_ PO# \_\_\_\_\_  
Reimbursement Check # \_\_\_\_\_ Date issued \_\_\_\_\_ Amount \_\_\_\_\_