Employee Educational Reimbursement Request

Name: ___________________________________________  Ext: __________

Semester: _________________________________________  Year: __________

COURSES SUCCESSFULLY COMPLETED (with grade of “C” or better for undergraduate courses and a grade of “B” or better for graduate courses):

<table>
<thead>
<tr>
<th>Prefix</th>
<th>No.</th>
<th>Section</th>
<th>Title</th>
<th>Tuition</th>
<th>Fees</th>
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TOTAL REIMBURSEMENT $ __________________________

NOTE: Reimbursements are based on availability of funds.

CHECKLIST (please attach the items below in order to process your reimbursement request):

☐ Grade Report
☐ Receipt(s) for Tuition
☐ Copy of Approved Employee Educational Assistance Program Form
☐ Copy of Approved Estimate of Tuition and Fees

_________________________________________________  _________________________
Employee Signature  Date

_________________________________________________  _________________________
Supervisor Signature  Date

_________________________________________________  _________________________
Executive Assistant to the President  Date

_________________________________________________  _________________________
Account Code  Total Amount Approved