



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):

Prefix	No.	Section	Title	Tuition	Fees
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