[ ]  Course

[ ] Courses

[ ]  YES

[ ]  NO

[ ]

[ ]

**APPLICATION FOR TUITION**

**REIMBURSEMENT**

C0-101 Revised 10/2011

**IMPORTANT! THIS APPLICATION MUST BE SUBMITTED TWO WEEKS PRIOR TO THE BEGINNING OF**

**THE COURSE(S) TO YOUR AGENCY APPROVAL OFFICER.**

**NOTE:** Upon completion of course(s) you must SUBMIT 2 COPIES OF ALL RECEIPTS and PROOF OF PASSING to your

AGENCY APPROVAL OFFICER by Feb. 1st, fall & summer courses, June 1st, spring courses.

 NAME (Last)

 (First)

 (Middle)

TR NUMBER

EMPLOYEE NUMBER

 **IMPORTANT**

 COLLECTIVE BARGAINING UNIT CODE

 HOME MAILING ADDRESS NAME (No. and Street)

 (City or Town)

 (State)

 (Zip)

DEPARTMENTAL PAYROLL CODE

TITLE

AGENCY NAME

WORK TELEPHONE NO.

 WORK ADDRESS (No. and Street)

 (City/Town)

 (State)

 (Zip)

WORK EMAIL ADDRESS

 EDUCATION INSTITUTE (Name)

START

FINISH

Mo.

Day

Yr.

Mo.

Day

Yr.

 ADDRESS (No. and Street)

 (City or Town)

 (State)

 (Zip)

**TITLE AND NUMBER OF COURSES**

**NUMBER OF CREDITS**

1.

 **COURSE**

 **INFORMA-**

**TION**

2.

3.

The above

courses are

Graduate Undergraduate

 Job Related?

**TOTAL CREDITS**

OBJECTIVE IN TAKING THIS COURSE (S) OR CURRICULUM

 **COST**

**IMPORTANT**

CHARGE PER

CREDIT

$

X

TOTAL

NO. CREDITS

TOTAL

= CREDIT COST

$

Service Fee (Community Colleges Only)

$

Be sure to show the cost of EACH

CREDIT as well as the total cost of all

credits in applicable spaces at the

right

PAYMENT IS SUBJECT TO

AVAILABLE FUNDS!

Laboratory Fee

$

Other Fees

$

Sub Total

$

LESS - Financial-Aid Received from Other Sources

$

 **NET COST**

$

 **APPLICANTS**

**CERTIFICATION**

I certify that I am familiar with regulations for tuition-reimbursement and will comply with them. I will notify the Agency Approval Officer if a course is failed or dropped.

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SIGNED (Applicant)

DATE (Mo., Day, Yr.)

I have reviewed the tuition guidelines and this application. ("X" APPROPRIATE BOX) I DO DO NOT recommend this person's participation.

IF APPLICATION IS DENIED, STATE REASON AND FORWARD TO THE REVIEW COMMITTEE - only for extraordinary circumstances

 **AGENCY**

**RECOMMENDA-**

**TION**

AGENCY APPROVAL OFFICER (Signature)

DATE

EMAIL

TELEPHONE NO.

STATE PERSONNEL TUITION REIMBURSEMENT COORDINATOR'S DECISION

 **FOR USE IF**

**APPLICATION IS**

**NOT APPROVED**

SIGNATURE

DATE

 **FOR**

**AGENCY**

**USE ONLY**

AMOUNT TO BE REIMBURSED

DATE RECEIPT AND GRADES

SUBMITTED

JOB-RELATED

NON-JOB-RELATED

 DATE PAYMENT

 REQUESTED

$

$

$

 **FOR**

**OSC**

**USE ONLY**

PRIORITY LIST DATE

DEPARTMENT ID

REVIEWED BY:

DATE

PROCESSED BY:

DATE

**DISTRIBUTION:** - Agency - Comptroller's Management Services Division, Tuition Unit -Employee