



Tuition Reimbursement Request Form

Please type on this form. Do not hand-write. Attach a second page if you are taking more than 2 classes.

Employee Name	
Work Location	
Email Address	
Phone Number	
School/Organization Name	
School/Organization Address	
Does the school/organization have accreditation?	
Please explain why you are taking these courses	

Class 1	
Class Title & Number of Credit Hours	
Class start date	
Tuition	
Other Fees	
Books	
Total Estimated Cost	

Class 2	
Class Title & Number of Credit Hours	
Class start date	
Tuition	
Other Fees	
Books	
Total Estimated Cost	

Employee Signature

 Date Submitted

Approved By	
Signature	
Date Approved	
Amount Approved	