

EMPLOYEE'S APPLICATION FOR AND RECORD OF TUITION REFUND

1. APPLICATION FOR EDUCATIONAL ASSISTANCE (Please print in ink or type)

 Last Name First Social Security Date

 Department Job Title

 Name of School For what term or period this application apply:
 From: _____ Thru: _____
 Are you receiving compensation from another source for School? Yes No Explain:

Immediate Educational Goal:
 Non-college degree course program: _____
 College degree course program:
 1. Certificate in _____ . When Expected _____
 2. Degree of _____ Major _____
 Credits completed toward this degree _____ When degree expected _____

Course Title & No.	Credit Hours	Tuition	Lab Fees	Grade *
1.				
2.				
3.				
4.				
5.				
6.				
7.				
		Registration Fee		
		Total		

* Enter when completing Part III below.

 Employee's Signature Date
 (Give to immediate Supervisor)

II. APPROVAL OF APPLICATION

 PLANT MANAGER DATE PRESIDENT DATE

 HUMAN RESOURCE MGR DATE DEPT. MGR DATE

(Return original copy of application to employee: (File photocopy in location education assistance file) H.R.)

III. Notification of course completion
 Course(s) completed (date) With passing grades (see above): Yes _____ No _____

 Employee's Signature Date
 (Attach evidence of tuition and fees paid and grades received for each course taken)

IV. Approval for Reimbursement
 Amount to be reimbursed: _____ Date request for draft prepared and sent: _____

 ACCOUNTANT'S SIGNATURE DATE CHECK #