



Tuition Reimbursement Educational Plan

Name: _____ Date Submitted: _____

Department: _____ Position: _____
☐ Full-Time ☐ Part-Time If part time, number of hours per week: _____

Name of Institution: _____

Address: _____

Phone: _____

Course(s): _____

If course(s) is (are) not part of a degree program, please explain how it is job-related:

Semester: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Academic Year: _____ to _____

Timeline for completion of program: _____

Cost of coursework and related fees: _____

Include with this form:

- Copy of program
- Copy of tuition and all fees

If applicable:

- Copy of acceptance letter in an accredited educational facility of higher learning
- If enrolled, copy of billing statement

Is this your first application for tuition reimbursement? ☐ Yes ☐ No

***Copies of final grades and documentation of cost of tuition paid, less any scholarships, grants, or financial aid, must be provided before reimbursement will be made.**

Human Resources Manager _____ Date _____

Associate Executive Director _____ Date _____

Office Use Only

☐ Approved

Current SUNYA rate: _____

Date: _____

☐ Denied

Amount eligible for reimbursement: _____

Initial: _____