

Tuition Reimbursement Request Form

Name:	Date Submitted:	Date Submitted:		
Name of Institution:				
Name of Program:				

Name of course		Credits	
		Total tuition requested:	\$
Description of fees:		Fees:	
		Total requested:	\$
Total amount approved:			\$
Scheduled hours:	/ 32.5 =		

_ I agree to the terms outlined below:

For each semester of tuition reimbursement received, the employee agrees to continue employment with Newmeadow through the end of the school session noted below:

• **Summer course reimbursement** requires commitment to continue employment through December of the school year immediately following (September-December).

• Fall course reimbursement requires commitment to continue employment through the end of the current school year (December-June).

• **Spring course reimbursement** requires commitment to continue employment through 6-week summer program immediately following (July-August).

With this form, you will need to turn in the following:

• proof of passing grade (unofficial transcript - proof of passing grade means C or better for undergraduate and B or better for graduate)

• billing statement from your institution's financial aid dated within 15 days of course completion, reflecting any payments already made (including scholarships, grants, financial aid, etc.)

Employee			Date				
Human Resources			Date				
Associate Executive Director			Date				
Office Use Only							
Approved	Amount Author	rized:					
Denied	Date:	Initials:					