



## Request for Tuition/Registration Reimbursement or Advance Payment by the Department

The application for tuition reimbursement or for advance payment by the department under [Policy 1401 - Work-Related Education or Training from an External Source](#) must be completed prior to program enrollment. Please review this policy before completing this form.

|                               |                                     |
|-------------------------------|-------------------------------------|
| <b>Employee Full Name:</b>    | <b>Department:</b>                  |
| <b>Course Name:</b>           | <b>Education/Training Provider:</b> |
| <b>Beginning Course Date:</b> | <b>Ending Course Date:</b>          |
| <b>Location of Program:</b>   | <b>Days/Times of Meetings:</b>      |

**Please check any and all that apply:**

- I plan to take this program for academic credit
- I have been reimbursed for previous course work under policy 1401.  
Describe previous reimbursement:
- I have sought advance payment by the department for previous course work under policy 1401.  
Describe previous advance payment by the department:
- I am eligible for Veterans Benefits for this program.  
Amount available:

|   |   |
|---|---|
| <b>Supervisor Complete</b>  |   |
| Amount of estimated <input type="checkbox"/> Reimbursement <input type="checkbox"/> Payment | <input type="checkbox"/> Reimbursement <input type="checkbox"/> Payment charge to account |

**All of the following must be checked to qualify for reimbursement or advance payment:**

- This training/education is not needed to meet minimum education requirements of the employee's current job.
- This training/education is not part of a program or study that will qualify the employee for a new job.
- This training/education is required by the university, law or regulatory agency to keep present salary, status or job; or the required work-related training/education maintains or improves skills required in the present job.

**Approvals:**

|  |              |
|--|--------------|
| <b>Employee Signature:</b>                   | <b>Date:</b> |
| <b>Supervisor Signature:</b>                 | <b>Date:</b> |
| <b>Department Head/Director:</b>             | <b>Date:</b> |
| <b>Dean/AVP Signature</b>                    | <b>Date:</b> |
| <b>Vice President or Designee Signature:</b> | <b>Date:</b> |

- Accounts Payable Original
- Employee Copy       Department File Copy       Office of Equal Opportunity Copy