**TUITION ASSISTANCE APPLICATION**

**FOR NON-HOLY CROSS COURSES Rev. 11/14/17**

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| --- |
|  |
| Request Date |

This application must be completed and submitted to Human Resources for approval at least one week prior to the beginning of class. Failure to receive prior approval will be grounds for your tuition assistance request to be denied. Once the application has been approved, a copy will be returned to you for your files. Retain the copy and use it to receive reimbursement within 60 days of the end of term, filling in grades and payment. Only tuition fees are reimbursable. List other aid if received (this program does not duplicate other aid). If this is the first time you are applying for tuition assistance, please include an outline of the courses you intend to take in the future (i.e. course catalog descriptions) with this application.

**Application Information** *(please print)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | |  |  |  |  |
| Last name |  | First Name |  | Emp ID | |  |  | Date of Hire |  |
|  | | | | |  | |  | | |
| Title | | | | |  | | Department | | |

**Program Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Degree Program | | | < OR > | Non-Degree Program | |
|  | | |  |  | |
| Associates | Bachelors | |  | Undergraduate | Graduate |
| Masters | Doctorate | |  | Vocational/Tech | Other |
| Vocational/Tech | Other | |  |  | |
|  | | |  |  | |
| Anticipated Degree Date: | |  |  |  | |

|  |  |
| --- | --- |
| School and Location: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Course Title | Course # | Start Date | End Date | Time | Grade | Tuition Cost |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Reason for taking the course(s)/Additional aid:

**Application Acknowledgement and Signature**

In accordance with the tuition Assistance Program, I certify that I understand I must meet the following conditions:

* The course(s) must be job-related and/or a requirement of the degree program I am enrolled in.
* The course(s) must be taken outside regular working hours.
* I must obtain a grade of “C” or better.

I also certify that this statement of my costs is complete and accurate to the best of my knowledge and that I am receiving no financial assistance with this study except as stated here.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Employee |  | Date |  | Signature of Manager/Supervisor |  | Date |

**Application Status**

Approved  Denied

If denied, administration’s reason for denial:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Director, Human Resources |  | Date |