

**REQUEST FOR TUITION REIMBURSEMENT FORM**

*This form must be submitted to Human Resources Office 30 days in advance of the commencement of the course.*

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED BELOW

Employee Name: \_\_\_\_\_ B# \_\_\_\_\_

Employee's Date of Hire at Berea College: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list the name of the course you would like to take: \_\_\_\_\_

Number of credit hours: \_\_\_\_\_

Course Level (circle one): Undergraduate / Graduate Term (circle one): Fall / Spring / Other: \_\_\_\_\_

Is the course offered at Berea College? \_\_\_\_\_ Eastern Kentucky University? \_\_\_\_\_

If the course is NOT offered at Berea or ECU, at which institution is the course offered?

\_\_\_\_\_

What is the cost of each credit hour at the college/university you would like to attend? \_\_\_\_\_

Total cost requested? \_\_\_\_\_

Are you receiving financial aid from any other source(s) for the course? \_\_\_\_\_

If so, what is the amount and source of the aid? \_\_\_\_\_

When does the course begin and end? \_\_\_\_\_

Please list the dates and times the course is scheduled to meet: \_\_\_\_\_

Will this course meet during your normally scheduled work day? \_\_\_\_\_

If so, please describe how you and your supervisor have agreed to make up the lost work time to allow you to attend this class: \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that I requested and received tuition assistance from Berea College. I understand a condition of receiving this assistance from Berea College is that I voluntarily continue my employment for six months after completing the course, seminar, or other learning activity. If I fail to meet the six months employment condition, I authorize Berea College to withhold from the after-tax wages of my final paycheck and/or vacation payout the tuition reimbursement amount. I have read and agree to follow the Tuition Reimbursement Policy and Procedures. I will advise the Human Resources Department if any of the information contained in the Tuition Reimbursement Request Form changes and will submit my course grade within one week of receipt of the grade. I understand that submitting this request does not guarantee its approval.

Employee Signature: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date approved: \_\_\_\_\_  
(Supervisor or Department Director Signature)

Approved by: \_\_\_\_\_ Date approved: \_\_\_\_\_  
(Division Vice President or President)