

SECTION A: STUDENT COMPLETES

Student's Full Name

Student's ID #

1. Select one of the following:

- I am employed and **WILL** seek tuition assistance from my place of employment. (*Complete SECTION B*)
- I will **NOT** seek tuition assistance from my place of employment. (*Sign and Date – Do Not Complete SECTION B*)
- I am unemployed. (*Sign and Date – Do Not Complete SECTION B*)

2. Select one of the following:

- I **have/will** submit a 2023-2024 FAFSA
- I will **NOT** submit 2023-2024 FAFSA

Student's Signature

Date Signed

SECTION B: EMPLOYER COMPLETES

1) REIMBURSEMENT RATE

- 100% Tuition
- _____% per credit
- \$ _____ per credit
- \$ _____ per semester
- \$ _____ per course

2) TIME FRAME

- Calendar Year
- Fiscal Year
- Other _____ to _____

3) MAXIMUM REIMBURSEMENT AMOUNT

- \$ _____ Annual
- \$ _____ Semester
- \$ _____ Per Course
- No Maximum

4) QUALIFIED FOR REIMBURSEMENT

- All Courses Toward Degree
- Approved Courses Only

COMMENT(S):

This employee is eligible to receive a tuition benefit/reimbursement from this place of employment for the 2023-2024 academic year (July 2023 through June 2024).

EMPLOYER/COMPANY NAME: _____

EMPLOYER/COMPANY ADDRESS: _____

Representative's Signature

Date Signed