Middle Tennessee State University Faculty and Staff Tuition-Reimbursement Request Form

Employee Information

Last Department:		First	M.I.	M	ID Number		
					ID Number		
			Job Title:				
Office Phone:	Cell/Home	e Phone:		work schedule reques, attach schedule)	sted:YesNo		
urrent Degree S	Status:						
		Degree and Area		Additiona	l Hours Beyond Degree		
his course of st	udy enhances the employee's	value to the home instit	tution as defined b	elow: (Check One)			
□ Support	for the pursuit of a terminal d	legree.					
□ Support	for an employee pursuing a n	on-terminal degree in a	a technical or profe	essional area.			
☐ Support	for an employee training or re	etraining to enhance ex	pertise needed by	the institution.			
☐ Other (Explain)						
	bursement Program – u						
b. Tei	m:						
c. Co	Course(s) Number/Title		Credit Hours	Class Period (time/days-Ex: TTH 9-10)			
Tot	Total Reimbursement Requested:						
Rei	mbursement may not exceed of	eligible fees for a maxi	mum of six credit	hours per term.			
ly roquesting a	pport for fee reimbursement, l	Lagrag with the ation lat	ione listed in a si	bolow D Voc	□ No		

- a. The recipient, unless retired, shall be required to be employed by the institution for not less than one (1) month of full-time employment for each month of the term of participation in the Faculty and Staff Tuition Reimbursement Program.
- b. Satisfactory completion of coursework must be demonstrated to receive reimbursement and to remain eligible for continued participation in the reimbursement program. MTSU may provide reimbursement at the time fees are due.

- c. Courses should be scheduled in counsel with supervisors to assure maintenance of optimum job performance. Courses should be scheduled at times other than during regularly scheduled work hours unless use of annual leave or other arrangements, have been approved by the supervisor prior to enrolling in the course(s).
- d. I will notify Student Financial Aid Services of this financial assistance.

I have read and fully understand the requirements (as detailed in the appropriate section of Policy 830) related to my above stated request for educational assistance, including stipulations related to future use of the program, proof of satisfactory course completion, provision of receipts for reimbursement requests, and stipulations related to payback provisions.

Applicant Signature:	Date:					
A _I	pproval Recomme	ndation				
I approve the above request and have addressed sched above request.	luling issues related to	the employee's attendance in the classes det	tailed in the			
Name of Home Institution:						
Immediate Supervisor's Signature	Date	Job Title	Job Title			
Dean or Department Head	Date	Vice President or Vice Provost	Date			
E	mployment Certif	ication				
I attest that the employee is a regular full-time or part-time faculty or staff member who has been employed at the home institution six months. \Box Yes \Box No						
Date of regular employment:	Percent full-time:	Index/Account No.:				
Approved, Human Resource Services		Date:				