

GRCC Tuition Benefit Form

Email completed forms to graceblanchard@grcc.edu. Questions can be directed to Grace Blanchard-Giffioen at (616) 234-2177.

All approvals must be obtained ten (10) days before the class begins.

Employee Name: _____ Employee ID (required): _____

Employee Group: _____ Date of Hire: _____

Reimbursement for Tuition at Another Institution (Full-time staff/faculty only)

Are you on a leave of absence with or without pay? Yes No
 Is this class required for degree completion? Yes No
 Does this class meet during your normal work schedule? Yes No
 How does this class relate to your present assignment? Attach additional sheet, if needed.

Name of College/University: _____

Type of Degree (select one): Certificate Undergraduate Graduate

Institution operates on (select one): Semesters Terms

Course Number	Course Title	Credit/Term Hours	Beginning Date	End Date	Final Grade

Employee Signature: _____ Date: _____

Dean/Supervisor Signature: _____ Date: _____

FINANCIAL SERVICES USE ONLY

Approve Disapprove Earn Code: TUN Account Number: 2195-11-0000-000-00 FY: _____

Comments:

Within 30 days of completion of the class, submit proof of grade showing successful completion, itemized tuition bill, and receipt of payment to reimbursement@grcc.edu. See instructions at grcc.edu/FinancialAndAdministration.