

Tuition Benefit Form



Submit Completed Form To Cherry Scaturro, The Administration Bldg., DeVos Campus - **All Approvals Must Be Obtained Ten (10) Days Before The Class Begins**

Employee Name: _____ Employee ID: _____

Employee Group: _____ Date of Hire: _____ FT PT Retiree

Reimbursement for: _____

Self Spouse Child

Applying for: Tuition Reimbursement Tuition Deferral (if eligible)

- 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 is this class(s) related to your present assignment? _____

• Name of college/university: _____

Course No.	Course Title	Credit Hrs.	Beg. Date	End Date	Final Grade

Amount of tuition per credit: \$ _____ Fees: \$ _____ Total Tuition: \$ _____

For GRCC Courses only: Resident Non-Resident

Employee Signature

Date

Dean/Supervisor Signature

Date

WITHIN 30 DAYS OF COMPLETION OF THE CLASS, SUBMIT A COPY OF THIS FORM WITH PROOF OF GRADE SHOWING SUCCESSFUL COMPLETION AND TUITION BILL TO THE FINANCIAL SERVICES DEPARTMENT

FINANCIAL SERVICES USE ONLY

Approve Disapprove Fiscal Year: _____

Comments: _____

Amount approved: \$ _____ **Payroll Date:** _____