



TUITION BENEFIT FORM

Email completed forms to reimbursement@grcc.edu
Questions can be directed to Theresa Kent at 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?

Name of college/university: _____

Does the institution operate on: Semesters: _____ or Terms: _____

Course No.	Course Title	Credit/Term Hours	Beg. 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 www.grcc.edu/financeandadministration.

***Incomplete forms will not be processed and will be returned to you.**