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: ________________

Employee Group: ___________________________  Date of Hire: ________________

*Required

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

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Title</th>
<th>Credit/Term Hours</th>
<th>Beg. Date</th>
<th>End Date</th>
<th>Final Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.