**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:__________________

### 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:_________________

<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.

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

Revised 04.20.2018