



TUITION REIMBURSEMENT REQUEST FORM

(Form is to be completed and approved each semester prior to or at the time of registration to qualify for tuition reimbursement)

Full-time regular employees are eligible to receive financial assistance for approved college study directed toward improvement of their qualifications. Please review the guidelines for tuition reimbursement as outlined in Policy 5.27.

- Reimbursement of tuition shall be up to an amount equal to 100% of the applicable undergraduate or graduate educational fee (tuition) at the University of Missouri-St. Employee tuition reimbursement covers tuition only and does not apply toward any special fees or book/supply costs.
- Financial assistance shall be limited to no more than eighteen credit hours for any fiscal year based on course completion date during which the employee is employed with East Central College.
- Tuition reimbursement will be subject to IRS guidelines regarding educational assistance.
- Employment is required to continue two calendar years following tuition reimbursement or make repayment.

Employee Name/ID #: _____ Department: _____

I wish to pursue and/or continue to pursue the following degree/credential/certification:

- Associate Bachelor MA/MBA/MFA Ed. Specialist Ph.D./Ed.D.
 Unrestricted credit hours (limit of 6) Post-secondary certificate non-degree credential

An official degree plan with an advisor signature is on file with Human Resources and has been approved by immediate supervisor and area Vice President.

College/University: _____ Anticipated Degree Completion: _____

I am requesting to enroll in the following courses (must be completed semester prior to enrolling in courses):

Semester/Year: Fall _____ Spring _____ Summer _____

Course #	Course Title	Credit Hrs.	Day(s) of course(s)	Time of course(s)

Employee Acknowledgment:

I have reviewed the **Tuition Waiver and Tuition Reimbursement Policy (5.27)** and agree that I am currently eligible for educational assistance. I acknowledge that I will be responsible for repayment to the College according to policy if I terminate employment before two calendar years following tuition reimbursement. I acknowledge that the College may withhold repayment to the College from my last pay check and/or vacation payout for reimbursement due the College.

Employee/ Signature/Date

Approving Officials:

Supervisor Signature/Date

Vice President Signature/Date

Human Resources Signature/Date

College President Signature/Date (if required)