

## **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 5.44.

- 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.

Human Resources Signature/Date

Employment is required to continue two calendar years following tuition reimbursement or make repayment.

Employee Name/ID #:		Department:				
☐ Associate ☐ Bach	or continue to pursue the follogelor MA/MBA/MF hours (limit of 6) Post-	-A ☐ Ed. :	Specialist	☐ Ph.D./Ed.D.		
☐ An official degree properties of an American	olan with an advisor signature ice President.	e is on file with H	luman Resource	s and has been app	roved by immediate	
College/University:		Anticipa	Anticipated Degree Completion:			
I am requesting to enr Semester/Year:	roll in the following courses (r	•	•	_	urses):	
Course #	Course T	itle	Credit Hrs.	Day(s) of course(s)	Time of course(s)	
assistance. I acknowled calendar years followin tuition repayment will by vacation payout, the bu	ition Waiver and Tuition Reim ge that I will be responsible fo g tuition reimbursement. I ack be deducted from the employe usiness office will issue an invo ffice within thirty days of the e	r repayment to the nowledge that ac ee's vacation payonice to the employ	ne College accord cording to the po out. If there is a re ree and the balan	ling to policy if I tern blicy 5.44, reimburse remaining balance du ice due shall be paid	ninate employment before two ement due to the College for ue after deduction from by check, cash or credit card	
Employee Signature/	Date					
Approving Officials:						
Supervisor Signature/Date		Vice Pre	Vice President Signature/Date			

College President Signature/Date