MTSU
Faculty and Staff Tuition-Reimbursement Request Form

Employee Information

Name: ________________________________________________________________

Last First M.I. M I D Number

Department: ___________________________________________ Job Title: ________________________________

Office Phone: ________________ Cell/Home Phone: ________________ Alternate work schedule requested: __Yes __No
(If Yes, attach schedule)

Current Degree Status: ______________________________________________________

Degree and Area Additional Hours Beyond Degree

This course of study enhances the employee’s value to the home institution as defined below: (Check One)

☐ Support for the pursuit of a terminal degree.

☐ Support for an employee pursuing a non-terminal degree in a technical or professional area.

☐ Support for an employee training or retraining to enhance expertise needed by the institution.

☐ Other (Explain) ______________________________________________________________________________________

________________________________________________________________________________________________________

Tuition Reimbursement Program – up to 6 additional credit hours per term

a. Institution: ___________________________________________________________________________________________

b. Term: _____________________________________________________________________________________________

c. Course(s) Number/Title Credit Hours Class Period (time/days-Ex: TTH 9-10)

__________________________ ___________ __________________________

__________________________ ___________ __________________________

__________________________ ___________ __________________________

Total Reimbursement Requested: ____________________________

Reimbursement may not exceed eligible fees for a maximum of six credit hours per term.

By requesting support for fee reimbursement, I agree with the stipulations listed in a – d below: ☐ Yes ☐ No

a. The recipient, unless retired, shall be required to be employed by the institution for not less than one (1) month of full-time employment for each month of the term of participation in the Faculty and Staff Tuition Reimbursement Program.

b. Satisfactory completion of coursework must be demonstrated to receive reimbursement and to remain eligible for continued participation in the reimbursement program. MTSU may provide reimbursement at the time fees are due.

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c. Courses should be scheduled in counsel with supervisors to assure maintenance of optimum job performance. Courses should be scheduled at times other than during regularly scheduled work hours unless use of annual leave or other arrangements, have been approved by the supervisor prior to enrolling in the course(s).

d. I will notify Student Financial Aid Services of this financial assistance.

I have read and fully understand the requirements (as detailed in the appropriate section of TBR Guideline P-130) related to my above stated request for educational assistance, including stipulations related to future use of the program, proof of satisfactory course completion, provision of receipts for reimbursement requests, and stipulations related to payback provisions.

Applicant Signature: __________________________________________ Date: ________________________

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<tr>
<th>Approval Recommendation</th>
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<tbody>
<tr>
<td>I approve the above request and have addressed scheduling issues related to the employee’s attendance in the classes detailed in the above request.</td>
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<tr>
<td>Name of Home Institution: ________________________________</td>
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<tr>
<td>Immediate Supervisor’s Signature ________________________ Date __________ Job Title _____________________________</td>
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<tr>
<td>Dean or Department Head __________ Date __________ Vice President or Vice Provost __________ Date __________</td>
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<th>Employment Certification</th>
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<tr>
<td>I attest that the employee is a regular full-time or part-time faculty or staff member who has been employed at the home institution six months. □ Yes □ No</td>
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<tr>
<td>Date of regular employment: _______________ Percent full-time: __________ Index/Account No.: _______________</td>
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<td>Approved, Human Resource Services __________________________________________ Date: ________________________</td>
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