

## Request for Pre-approval of Class(es) for Tuition Reimbursement

Employee Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

University or College Attending: \_\_\_\_\_

Desired Degree: \_\_\_\_\_

Is this an accredited institution? Yes No

Are you or will you be receiving any other non-loan form of financial (educational) assistance? Yes No

If yes, what type of assistance and the total dollar amount of such assistance:  
(Examples of assistance would be: Veteran's Assistance, Pell Grant, Scholarships, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Course Title: \_\_\_\_\_ # of Credit hours: \_\_\_\_\_

Date class begins: \_\_\_\_\_ Date class ends: \_\_\_\_\_

Course description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Course Title: \_\_\_\_\_ # of Credit hours: \_\_\_\_\_

Date class begins: \_\_\_\_\_ Date class ends: \_\_\_\_\_

Course description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Course Title: \_\_\_\_\_ # of Credit hours: \_\_\_\_\_

Date class begins: \_\_\_\_\_ Date class ends: \_\_\_\_\_

Course description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My signature validates the accuracy and completeness of the above information. Any errors or omissions are cause for disciplinary action(s).

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

H.R. Signature: \_\_\_\_\_ Date: \_\_\_\_\_