

# TUITION ASSISTANCE GRADE SUBMISSION FORM

NAME: \_\_\_\_\_

PAYROLL DEPT: \_\_\_\_\_

EMPLOYEE NO.: \_\_\_\_\_

PAYROLL SUB-DEPT: \_\_\_\_\_

PHONE #: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

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**(Please attach your official transcript or grade slip to this form)**

1. Course Title: \_\_\_\_\_

3. Course Title: \_\_\_\_\_

Date Began: \_\_\_\_\_

Date Began: \_\_\_\_\_

Date Ended: \_\_\_\_\_

Date Ended: \_\_\_\_\_

Final Grade: \_\_\_\_\_

Final Grade: \_\_\_\_\_

2. Course Title: \_\_\_\_\_

4. Course Title: \_\_\_\_\_

Date Began: \_\_\_\_\_

Date Began: \_\_\_\_\_

Date Ended: \_\_\_\_\_

Date Ended: \_\_\_\_\_

Final Grade: \_\_\_\_\_

Final Grade: \_\_\_\_\_

**NOTE:** **Reimbursement requests** must have the original tuition payment or account statement attached to this form or it will not be processed. (Copies of charge card receipts will not be accepted.)

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**(For Human Resources use only)**

Amount Approved for Reimbursement: \_\_\_\_\_

Code: 1001-5000-1430-25800.000

Pay Period to be reimbursed in: \_\_\_\_\_

**OR**

Received Advance Payment in the amount of: \_\_\_\_\_

(Recording grade only)

on \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_