

TUITION REIMBURSEMENT PROGRAM
ENROLLMENT/APPROVAL FORM

*The applicant is responsible for ensuring that this request reaches Human Resources prior to course enrollment.
Appropriate documents for approval must accompany this form.*

Employee Information

Name _____ Region _____

Job Title _____ Date of Hire _____

Monthly-Salaried EE ____ Hourly EE ____ Supervisor _____

Academic Program Information

School _____

Initial Session Starting Date _____ Session End Date _____

Educational Goal: __AA __BA __BS __ Additional Training: _____

__MS __MA __MBA __ Other: _____

Field of Study/Major _____

I understand my obligation to the Company for one (1) or three (3) years from the completion date of the class. I understand that in the event that I do not meet this commitment, I must repay the Company a pro-rated share of the cost for these courses.

Applicant's Signature _____ Date _____

This employee meets the eligibility requirement, as stated in the Tuition Reimbursement Policy, for participation in the Tuition Reimbursement program and is recommended for enrollment.

Supervisor's Signature _____ Date _____

HR Vice President's Signature _____ Date _____
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TUITION REIMBURSEMENT PROGRAM ENROLLMENT/APPROVAL FORM CONT'D
ADDITIONAL COMMENTS

The participant may explain the benefits and reasons for applying to this program and the coursework selected.

Participant Comments:

The Tuition Reimbursement Committee may write additional comments regarding the applicant and the details of approval in the program.

Committee Comments: