

TUITION ASSISTANCE REIMBURSEMENT APPLICATION

DIRECTIONS: PLEASE SUBMIT APPLICATION TO HUMAN RESOURCES **AT LEAST ONE WEEK PRIOR TO THE COURSE REGISTRATION DATE**, WITH APPROVAL OF YOUR IMMEDIATE SUPERVISOR. A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH SEMESTER.

EMPLOYEES WILL USE THIS FORM TO APPLY FOR TUITION ASSISTANCE TO HELP PAY FOR CLASSES IN ONE OF THE TWO SCENARIOS:

- AS A STUDENT AT AN ACCREDITED COLLEGE/UNIVERSITY (MUST BE IN GOOD STANDING AND HAVE COMPLETED 3 YEARS OF CONTINUOUS SERVICE)

[HTTP://WWW.BOWDOIN.EDU/HR/HANDBOOK/BENEFITS/TUITION-ASSISTANCE-PROGRAM.SHTML](http://www.bowdoin.edu/hr/handbook/benefits/tuition-assistance-program.shtml)

- AS A "SPECIAL STUDENT" AT BOWDOIN COLLEGE (MUST HAVE SUCCESSFULLY COMPLETED THE 6 MONTH ADAPTATION PERIOD)

[HTTP://WWW.BOWDOIN.EDU/HR/HANDBOOK/BENEFITS/EDUCATIONAL-ASSISTANCE.SHTML](http://www.bowdoin.edu/hr/handbook/benefits/educational-assistance.shtml)

NAME: _____ DATE: _____

POSITION: _____ DATE OF HIRE: _____

DEPARTMENT: _____ SUPERVISOR: _____

HAVE YOU PREVIOUSLY COMPLETED AN ASSOCIATE OR BACHELOR'S DEGREE PROGRAM? NO / YES

IF YES, WHAT DEGREE WAS OBTAINED AND FROM WHERE? _____

HAVE YOU APPLIED FOR BOWDOIN'S TUITION ASSISTANCE BENEFIT BEFORE? NO / YES IF YES, WHEN? _____

WHAT PROGRAM ARE YOU CURRENTLY ENROLLED IN? ASSOCIATE DEGREE _____; BACHELOR'S DEGREE _____; CERTIFICATE * _____

* NOT ALL CERTIFICATE PROGRAMS QUALIFY FOR REIMBURSEMENT. EACH MUST BE APPROVED FOR CONTENT, RIGOR, AND APPLICABILITY TO PROFESSIONAL DEVELOPMENT.

IF NOT CURRENTLY MATRICULATED (FORMALLY ADMITTED) IN A DEGREE PROGRAM WHEN DO YOU EXPECT TO BE? ____/____/____

TITLE OF DEGREE PROGRAM: _____ EXPECTED GRADUATION DATE ____/____/____

APPLYING FOR SEMESTER BEGINNING ____/____/____ THROUGH ____/____/____

NAME & LOCATION OF INSTITUTION: _____

COURSE(S) TITLE: _____

BRIEFLY DESCRIBE COURSE(S) AND HOW THIS RELATES TO OR WILL AID IN YOUR DEVELOPMENT: _____

CREDITS FOR COURSE _____ ESTIMATED COST (TUITION & COURSE RELATED FEES) \$ _____

IF YOU EXPECT TO RECEIVE SCHOLARSHIP MONEYS PLEASE INDICATE AMOUNT AWARDED FOR THIS SEMESTER \$ _____ AND ATTACH A PHOTOCOPY OF THE AWARD LETTER OR FORWARD THE INFORMATION TO HUMAN RESOURCES.

I HEREBY REQUEST TUITION ASSISTANCE FOR THE ABOVE COURSE(S) AND I HAVE ATTACHED A DESCRIPTION OF THE COURSE. I UNDERSTAND THAT IT WILL BE MY RESPONSIBILITY AT THE END OF THE COURSE TO SUBMIT PROOF OF PAYMENT (ITEMIZED BILL) AND PROOF OF SUCCESSFUL COMPLETION WITH A PASSING GRADE OF C OR BETTER EITHER BY CERTIFIED TRANSCRIPT OR ORIGINAL GRADE REPORT.

EMPLOYEE SIGNATURE: _____ **DATE** _____

I HAVE DISCUSSED THE CLASS SCHEDULE WITH THE EMPLOYEE. TO THE EXTENT CLASSES CONFLICT WITH REGULAR WORK HOURS, A WRITTEN PLAN IS ATTACHED DETAILING SCHEDULED HOURS AND HOW THE ESSENTIAL FUNCTIONS OF THE POSITION WILL BE SATISFACTORILY ACCOMPLISHED WHILE THE EMPLOYEE IS TAKING THE COURSE(S) (E.G., USE VACATION HOURS, ADJUSTMENTS IN SCHEDULE, ETC.).

SUPERVISOR SIGNATURE: _____ **DATE** _____

HUMAN RESOURCES: _____ **DATE** _____