

**NOTE: Pre-approval of tuition reimbursement must be received prior to beginning the degree program.**

### **Employee Information**

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

Department: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### **Course Information**

Institution Name: \_\_\_\_\_

Degree: ☐ Master's degree ☐ Doctorate

Term (check all applicable boxes): ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Course #	Course Title	Course Start Date	Course End Date	# Credits	Meeting Time	Tuition
Total						

**You must submit this form and the following documentations within 30 days of completion of the course to Human Resources:**

- ☐ Copy of final grade
- ☐ Copy of tuition receipt
- ☐ Copy of course syllabus
- ☐ Employee Status Change Form requesting amount of reimbursement

### **Employee Conditions**

The courses above are required as part of the approved program in which I am currently enrolled. I understand that if my employment with Marymount Manhattan College terminates before the completion of a semester for reasons other than a disability, the benefit will be revoked and I will be responsible for the full amount of tuition charges for the semester.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Department

\_\_\_\_\_  
Date