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**Educational Assistance Reimbursement Request**

Faculty Member Name:

Department:

Reimbursement Request Date:

Reimbursement Amount: (please provide proof of satisfactory course completion and applicable receipts)

*I understand that educational expenses that are eligible for reimbursement include tuition, books, supplies, equipment and required fees for each course taken, including dissertation advisement (See Plan for non-eligible expenses). The maximum benefit payable to or on behalf of me for any year will be the lesser of $4,000 or one-third (1/3) of the amount of my eligible expenses. In addition, the maximum amount payable to me for all years of participating will be $12,000. Eligible expenses may be reimbursed to me upon successful course completion. I must provide proof of satisfactory completion which includes a copy of the tuition statement and receipts for items of qualified educational assistance and a copy of the grade report. In the case of a graded course, a grade of “B” or better must be achieved in order to qualify for the Plan benefits.*

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Faculty Member Date

Approval:

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Vice President and Chief Learning Officer Date

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Director of Human Resources Date