

Employee Tuition Support Request

To Be Completed by Employee

Last: First: Middle Initial:
Job Title: Date of Hire:
Department/Agency/Project: Work Address or Mail Code:
Employee Work Phone #: Employee Email:
Supervisor Name: Supervisor's Work Phone #:

Career Goals: I plan to pursue one of the following options:

Degree Goal:
Associates Degree in:
Bachelor's Degree in:
Master's Degree in:

Supervisor Signature:

Date:

Career Advancement Goal:

Please describe your SDSURF career objective, the position you wish to advance toward, and how this course of study will help you achieve that objective:

Supervisor Signature:

Date:

Accredited Institution/Location:

Course(s) to be completed this semester/quarter:

Course/Credits:	Dates:	Times:
Course/Credits:	Dates:	Times:
Course/Credits:	Dates:	Times:

Any Financial Aid Anticipated:

Tuition COST ONLY: \$

Not to Exceed 100% of current CSU in-state basic tuition
Cost for 0-6 hours for undergraduate or graduate courses.

To Be Completed By Supervisor

The decision to approve tuition support is discretionary based on the supervisor's assessment of the potential positive impact for the employee and department/SDSURF and the availability of funds in department budget for this purpose.

Tuition support funds are available in the department budget.

Fund: **Org:** **Account:**

No tuition support funds are available in the department budget this funding cycle.

Supervisor Signature:

Date:

To Be Completed By Sponsored Research Administration – Fund Approval

SRA Grant Specialist Signature:

Date:

To Be Completed By Human Resources

Human Resources Signature:

Date:

Red ID:

Request for Reimbursement of Tuition Support

To Be Completed Upon Course Completion

To Be Completed by Employee

(Print) Last:	First:	Middle Initial:
Job Title:	Date of Hire:	
Department/Agency/Project:	Work Address or Mail Code:	
Employee Work Phone #:	Employee Email:	
Supervisor Name:	Supervisor's Work Phone #:	

Course Name:	Credits:
Accredited Institution/Location:	
Description of Course:	
Date From:	To:

Reimbursement Requested:	
Basic Tuition: \$	Receipts & Grades Attached?

Course Name:	Credits:
Accredited Institution/Location:	
Description of Course:	
Date From:	To:

Reimbursement Requested:	
Basic Tuition: \$	Receipts & Grades Attached?

Supervisor Approval:

By signing this form, I verify that the employee meets all the criteria required to be eligible for the Tuition Support Program and has submitted documentation to demonstrate successful completion of the course including a grade of "B" or better for graduate level courses, and a grade of "C" or better for all other courses.

Supervisor Signature:	Date:
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Fund:	Org:	Account:
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Sponsored Research Administration Fund Approval

Grant Specialist Signature:	Date:
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Date forwarded to Accounts Payable: