

1. Upon successful completion of a course (at a regionally-accredited or CHEA-recognized institution other than EFSC), forward a completed and signed *Tuition Reimbursement Form* for each course, proof of tuition cost and payment, and a grade report either by email to Tuition@easternflorida.edu or by campus mail to the HR/Tuition Program Office on Cocoa Campus.
2. The reimbursement request must be received within 30 (thirty) working days after completion of the class.

Personal Information	Name:	Date:
	Term:	Employee B number: <u> </u>
	Office Phone:	Date of Hire:
Job Type	Job Category (choose most appropriate): <input type="checkbox"/> Full-time employee, non-faculty <input type="checkbox"/> Full-time faculty <input type="checkbox"/> Regular part-time employee, non-faculty <input type="checkbox"/> Part-time (adjunct) faculty	
PT Faculty	If PT Faculty, mark your selection for the following: Length of time teaching (select one): Teaching Schedule (select one): <input type="checkbox"/> 6+ semester hours during previous academic year <input type="checkbox"/> Teaching at EFSC during time of course completion <input type="checkbox"/> Less than 6 semester hours/previous academic year <input type="checkbox"/> Not teaching at EFSC during time of course completion	
Course Information	Name of Accredited Institution: Number of Credit Hours: <input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5+ Course ID Number: Course Description(s):	Number of times taking course: <input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4+ Course Objective (choose most appropriate): <input type="checkbox"/> Associate Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Maintain Certification
Tuition	Indicate tuition total: \$ _____	
Financial Aid	Are you receiving any type of financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are receiving financial aid what type? <input type="checkbox"/> Scholarship <input type="checkbox"/> Un-sub (Stafford) <input type="checkbox"/> Grant <input type="checkbox"/> Sub (Stafford) <input type="checkbox"/> Other
	If you are receiving financial aid and selected "Other" for financial aid type, please describe:	
Backup	Indicate whether you are submitting items required for HR review prior to reimbursement: <input type="checkbox"/> Copy of institutional receipts for tuition and proof of payment (hard copy or electronic copy) with institutional identification included on paperwork. <input type="checkbox"/> Copy of grade report (hard copy or electronic copy) with institutional identification included on paperwork.	
Ineligible	Reimbursement is NOT available for: <ul style="list-style-type: none"> • Classes taken at EFSC (tuition waiver is available); • Classes marked as dropped, withdrawn, or incomplete; • More than one attempt per course; • Course fees and expenses; • Classes with an earned grade of less than C- for undergraduate work or less than B- for graduate work; • Classes for which previous reimbursement, scholarship, or grant funding was received; • Classes taken while employee was participating in the Professional Leave with Pay program; • Submissions not received in HR within 30 (thirty) working days of class completion. 	
Employee Commitment	Check each box to indicate your understanding and agreement (all boxes must be checked): <input type="checkbox"/> I certify that the information given above for tuition reimbursement is true and correct. <input type="checkbox"/> I understand that the College reserves the right to withhold reimbursements when select balances are owed to the College by the employee. Signature as agreement to above information: _____	
HR Review	Date Received: HR Initial AVP Initial:	HR Notes:
Instructions to Accounting		Amount to reimburse: \$ _____