

**CALVIN COLLEGE
APPLICATION FOR TUITION REIMBURSEMENT***

Employee Name: _____ Calvin ID #: _____

Home Address: _____

Department: _____ Ext: _____

This is an application for: __1st __ 2nd __ Summer semester, 20____

What school are you attending? _____

Course Name(s) _____

Faculty and Staff are eligible for Tuition Reimbursements for various reasons. Please indicate below the reason for your application:

Note: Itemized receipt and grade report must be attached/submitted before your reimbursement will be processed.

- _____ I am a staff member taking an off-campus course to improve my technical skills.
- _____ I am an administrative staff member taking a course for professional development.
- _____ I am a resident director applying for one-half Tuition Reimbursement.

_____	_____
Signature	Date
_____	_____
Supervisor's approval	Date

Director of Human Resources' signature _____
Date

*All fields of this form are required, including the attachment of supporting documentation. Incomplete forms will not be processed and will be returned to the employee for completion before processing by HR.