Tuition Assistance Application

Applicant Information

Full Name: _____   Date: _____
          Last   *First*   *M.I.*

Employee PeopleSoft ID: _____   Email _____

Department: _____   Supervisor Name.: _____   Supervisor Title: _____

Job Title: _____   Work Phone: _____

Name and Location of University Attending: _____

Course(s)

I am applying for reimbursement for the following courses: ___

Course ID: _____   Credit Hours: _____

Start Date: _____   End Date: _____

Course ID: _____   Credit Hours: _____

Start Date: _____   End Date: _____

I have read and understand the UT System HOP 3.2.5 Tuition Assistance. I have reviewed and meet all eligibility requirements for program participation. If approve to participate, I will comply with all the requirements for participation in the Tuition Assistance Program.

_____
Employee's Signature   *Date*

Approvals

I understand the Office of Talent and Innovation HOP 3.2.5 Tuition Assistance and Procedure. I confirm that course work requested by the employee and covered by this policy is related to the employee's current or prospective job duties and will be pursued outside normal working hours. In instances where classes are only available during normal working hours, a flexible work schedule may be provided and appropriate use of paid leave (e.g. vacation, compensatory time, etc.) may be approved. I further understand that Tuition Assistance is a benefit funded by the department and reimbursement will be made from departmental funds. Prior to beginning coursework, the employee's department head and Chancellor's designee (department Executive Vice Chancellor or Vice Chancellor) must approve participation in the Program.

_____
Supervisor's Signature   *Date*

_____
Department Head's Signature   *Date*

_____
EVC/VC Signature   *Date*

_____

OTI Representative Signature: _____   Date: _____