



# ALMA COLLEGE

## GRADUATE TUITION REIMBURSEMENT REQUEST FORM

Date \_\_\_\_\_

Employee \_\_\_\_\_ Date of Hire \_\_\_\_\_ Department \_\_\_\_\_

School Attended: \_\_\_\_\_

Program: \_\_\_\_\_

Course Number	Course Name	Course Start Date	Course End Date

*Attach a copy of your grade report and billing statement to this form.*

**Employment Commitment.** Participants in the program are required to continue working for Alma College for one year after completion of a course for which reimbursement has been obtained. As part of the application process, participants must agree in writing to authorize a payroll deduction from wages in the event they fail to comply with the one-year requirement. This deduction will reimburse the college for the graduate tuition assistance received under this benefit, prorated according to the length of employment after course completion.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Director of Human Resources Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed form to the Human Resources Office.