



1. E	MPLOYEE INFORMATON:				
1	Name				
1	ID E-mail Address				
	is your first application for Tuition Assistance Plan benefits?	es No			
	chool Name				
3. COURSE INFORMATION					
(	Course Title	Course Nu	mber	Credit Hours	
ı	Number of Meeting Days	Course Sta	art Date	Course End Date	
(	Course Level and Course Delivery Format		Is this course part of a degree program?		
	Graduate Classroom	Yes, Graduate			
	Undergraduate Online Learning	Yes, Undergraduate			
	GED	No			
	— Non-academic				
,	 Area of Study				
	Job-Related				
	— Career-Related				
	First Degree: Type of Degree				
	Career Counseling/Coaching				
		Course Tuition \$			
	Eligible Fee	\$			
	Eligible Fee	\$			
	Total Tuition Request	\$			
	CERTIFICATION:				
	eby certify that the information I have provided on this form is truthful and nses such as books, materials, recertification programs, and license renewa		l that I have not in	cluded any nonreimbursable	
	Employee Signature	Date			
	Processed by	Proce	ssed Date		