



FACULTY TUITION REIMBURSEMENT PRE-APPROVAL FORM

Please complete this form BEFORE the start of the semester.

I am requesting tuition reimbursement for the below course(s) during the following semester **(select one →)**
 Fall Winter Spring Summer 20 .

Today's Date: _____

Name: _____

SON Division/Department: _____

Name of Institution Enrolled: _____

Major/Degree: _____

Course # & Title				# of Credits
Course # & Title				# of Credits
Course # & Title				# of Credits
Total Semester Credits	x	Actual Cost Per Credit	=	Total Actual Cost

APPROVALS

Faculty: _____
Print
Sign
Date

Division Dean: _____
Print
Sign
Date

Executive Vice Dean: _____
Print
Sign
Date

IMPORTANT
UPON COMPLETION OF COURSE(S), PLEASE COMPLETE/SUBMIT:
 1) **PROOF OF ITEMIZED PAYMENT**
 2) **PROOF OF GRADES**
 3) **SIGNED RU PAYROLL CHECK REQUEST FORM**