AFT FACULTY AND PROFESSIONAL STAFF
REQUEST FOR TUITION REIMBURSEMENT

Name: _____Title: _____Date: _____

Contract/Tenure Status: _____

Unit: _____ Area of Teaching or Work: _____

Semester Enrolled: Summer___ Fall___ Spring___ Title(s) of Course(s):
_____Credits: _____
_____Credits: _____

Cost of Tuition per Credit: $_____ Total Credits: _____
Institution: _____ Are courses job related?

If Yes, please explain. (This must be completed in the case of tuition reimbursement for graduate course work to determine if the benefit is taxable)
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Supporting reason for request (I_____я]g rea _ąọa _