**Tuition Assistance Request Form**

Please complete this form through signature lines at bottom; send original form and supporting documents to Human Resources. **Forms must be completed and have received final approval prior to the start of the coursework.**

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| **Employee Information** |
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| Name: |       |
| Position/Title: |       |
| Dept./Unit: |       |

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| Position Classification (check one): | [ ]  Faculty  |
|  | [ ]  Academic Staff/Limited  |
|  | [ ]  University Staff  |

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| **Proposed Course Information** |
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| Course Title: |       |
| Course Number: |       |
| Institution Offering Course: |       |
| Name of Degree (if pursuing): |       |
| Course Start Date: |       |
| Course End Date:  |       |
| Course Days and Times: |       |

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| Number of Credits  *(normally maximum of 5 credits per term)(fall, spring, summer)* |
| Proposed Course is (check all that apply): |
| [ ]  | Graduate Course/Credit |
| [ ]  | Undergraduate Course/Credit |
| [ ]  | Non-Credit |
| [ ]  | Career Related |
| [ ]  | Job Related |

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| **Tuition/Funding Information** |
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| Total Tuition Cost and Fees:  | $      |
| Total Tuition Cost (without Fees):  | $      |
| Maximum Reimbursement:  | $      |
| *Note: Maximum reimbursement is the lesser amount of:* |
| •• | *75% of tuition cost (UW Institution) or 50% (other Public Institution), OR**75% of tuition cost (UW Institution) or 50% (other Public Institution) for the same credits at UW-Madison($386.39 per undergraduate credit and $670.47 per graduate credit) \* For UW-Madison cost of Business or Law credits, contact HR* |

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| **Funding Sources**: |
| Central Tuition Funds *(up to $500 per fiscal year)*Acct #: 102 400540 6 | $      |
| Department Contribution Acct #:       | $      |
| Total Reimbursement: *(please add manually)* | $      |

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| **Required Attachments** |
| **[ ]  Supporting statements from employee and supervisor addressing the following questions and any other comments:**1. How does the proposed course of study relate to your job assignment/position duties or how will the course provide job or career related development and directly benefit UW-Green Bay? If pursuing a degree, attach outline of educational program and support of program by supervisor.
2. If the course is not through a UW institution, briefly explain why an alternative is not available at a UW institution.
3. If the course meets during your normal work hours, how will your work schedule be adapted?

**[ ]  Fee or tuition statement (or estimate of costs)** |
| **Review and Signatures** |
| **Supervisor** reviews request, attaches a supporting statement identified above and forwards to **Dean/Division Head** who reviews request, signs, and forwards to Area Leader**. Area Leader** reviews request, signs and forwards to HR. You may wish to make a copy of the documents before forwarding them (to record the course, times, cost, etc.). HR will send e-mail notice of **approval** or **denial** to employee, supervisor, division head and area leader. To initiate the **reimbursement** process, employeesends approved tuition request form copy, official grade report, proof of paid tuition and signed [TER](http://www.wisconsin.edu/fadmin/document/ter2-12.xls) to Human Resources.  |

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| Employee Signature | Date | In the event of a voluntary termination, the employee agrees, by his/her signature on this Tuition Assistance Request form, to repay all tuition assistance reimbursements paid during the prior 12 months from the effective date of termination.  |
| Supervisor/Department Chair | Date | **If disapproved, state reason:** (Forward to Division Head) |
| Dean/Division Head | Date | **If disapproved, state reason:** (Forward to Area Leader) |
| Area Leader | Date | **If disapproved, state reason:** (Forward to HR) |
| Review Committee | Date | **If disapproved, state reason:**  |