

## TUITION REQUEST

You will receive reimbursement after submitting receipts and grades for approved coursework. Some courses are paid in advance directly to the institution. Please fill out this form prior to registering for any courses.

**Please print clearly**

Name: _____	Date: _____	
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Center: \_\_\_\_\_

Requesting funds for which term (select one):	<b>Fall</b>	<b>Winter</b>	<b>Spring</b>	<b>Summer</b>
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Educational Goals (Long Term)	Current Education Status/Degree
	To apply for payment of college fees and tuition, an employee must first apply for any and all education grants available and show proof of denial or payment of grants. Have you completed this step?      No      Yes
	Do you have outstanding tuition charges at this institution?
Proposed Degree and Course of Study	No
	Yes, How much?      \$ -

Learning Institute:	_____		
Class Title:	_____		
Course #:		Units:	_____
Days & Time:		Last Semester Grades:	Fail      Pass
Is this course accredited?	No      Yes		
Is this in the current field of work?	No      Yes		

*I agree to teach or work at RUCD for a minimum of 3 years after receiving the degree or repay the total or a prorated amount of the financial assistance received based on the length of service completed after receiving the degree or the amount paid towards tuition if the degree is not completed.*

Initial \_\_\_\_\_

**Please make sure all costs are complete and accurate.**

Learning Institute Costs		Requested	Approved (for office use only)
<b>Tuition</b>		\$	\$
<b>Fees (itemize)</b>			
<b>Books (itemize)</b>		\$	\$
<b>Total Costs</b>		\$	\$

*I agree to contact my supervisor as soon as I drop a class. Failing to contact could result in the termination of tuition assistance and, eventually, employment if I am unable to obtain the required qualification for my job.*

*Applicant*  
Signature: \_\_\_\_\_

Supervisor  
Signature: \_\_\_\_\_

*Executive Administrator*  
Signature \_\_\_\_\_