

## Tuition Reimbursement Policy

Updated 8/30/17

**Objective:** The objective of the CCS Tuition Reimbursement program is to invest in CCS employees in a way that benefits both the individual and the institution, and supplement CCS employees in pursuit of academic degrees.

**Process:** The criteria for tuition reimbursement consideration are listed below. Applications will be reviewed twice a year by a committee consisting of VPs of Finance and Administration, Enrollment and Student Services and Institutional Advancement, the Director of Human Resources and the Associate Provost for Faculty Affairs.

### Criteria:

- Must be a full-time employee for at least two years at the time of application
- Classes must be relevant to current position
- Courses of study must be in pursuit of an academic degree, and applications must include an academic plan of work (courses that employee plans to take to get to the degree)
- Employee must complete a Tuition Reimbursement Application form by July 1 for fall, November 1 for winter and April 1 for summer
- Supervisor must approve prior to submitting the form
- Reimbursement will be reconsidered annually; there is no guarantee of on-going reimbursement given the number of employees participating and limited funds
- Classes must be after work hours except with prior approval
- Class must be successfully completed the first time with a B or above prior to reimbursement
- Each approved employee is eligible for reimbursement for up to \$3,000 per year for charges they have already paid
- Employees pursuing a Bachelor's degree must file the FASFA and accept all Federal, State, and Institutional scholarships and grants awarded by the institution A billing statement must be submitted to HR for compliance review and approval of reimbursement
- If obtaining/completing a degree was a condition of employment, you are not eligible for this program
- Employee must remain with CCS for at least two years after tuition is reimbursed or may be eligible for repayment of investment.

# CCS Employee Tuition Reimbursement Request

All requests for payment must be forwarded to Human Resources for final approval at least sixty (60) days prior to the start of the course. Attach a copy of official proof of registration of the course (from the institution) and a copy of proof of charges for each course. Only tuition fees are reimbursable. Approval is limited to those courses or programs directly related to your current position.

## Employee Personal Information *(Please Print)*

## School Information

|                             |  |                  |  |      |  |                                |          |
|-----------------------------|--|------------------|--|------|--|--------------------------------|----------|
| Last Name                   |  | First Name       |  | MI   |  | School and Degree/Program Name |          |
| Department/Current Position |  |                  |  |      |  | Street Address                 |          |
| Date of Hire                |  | Faculty or Staff |  | City |  | State                          | Zip Code |

## Course information

| Term of Semester | Type of Course | Toward Degree of | Expected Date of Degree or Course Completion |
|------------------|----------------|------------------|----------------------------------------------|
| Month/Day/Year   | Day            | Associate        | Month/Day/Year                               |
| Begin Date       | Evening        | Bachelor         | Date                                         |
| End Date         | Correspondence | Other            |                                              |

| Course Title (List each separately) | Catalogue Number | Credit Hours | Tuition Cost |
|-------------------------------------|------------------|--------------|--------------|
| 1.                                  |                  |              |              |
| 2.                                  |                  |              |              |
| 3.                                  |                  |              |              |

\*\* Proof of final grades must be provided to Human Resources for reimbursement. Course Grade(s): 1. \_\_\_\_ 2. \_\_\_\_ 3. \_\_\_\_

## Tuition Reimbursement

|             |  |                              |
|-------------|--|------------------------------|
| \$          |  | <b>Tuition Total Less</b>    |
| \$ (      ) |  | <b>Other Gift Aid</b>        |
|             |  |                              |
| \$          |  | <b>Total Covered Tuition</b> |

In accordance with the Program, I certify that this statement of my costs is complete and accurate to the best of my knowledge and that I am receiving no financial assistance with this study except as stated here.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

**CCS Use Only**

Approved: \_\_\_\_\_ Account #: \_\_\_\_\_

Denied: \_\_\_\_\_

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

Date: \_\_\_\_\_ \$ \_\_\_\_\_

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