**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 $**

**$ ( )**

**Tuition Total Less Other Gift Aid**

**$ Total Covered Tuition**

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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*9/8/17*