**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: \_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_

College for Creative Studies

201 E. Kirby

Detroit, MI 48202

Phone (313) 664-7652

Fax (313) 664-7882

*9/8/17*