

## TUITION REIMBURSEMENT APPLICATION FORM

**IMPORTANT NOTICE:** This application will NOT be considered if submitted to the Office of Human Resources later than 30 days after the date classes begin.

Please attach this form to your online Tuition Request, accompanied by a letter informing how your degree program or individual course(s) is relevant to your current job and probable future job is beneficial to City Colleges of Chicago. Please complete all requested information.

Employee Type:     Administrator     Non-Bargained For     Local 1708

Employee ID: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First M

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

College or District Department: \_\_\_\_\_ Unit: \_\_\_\_\_

Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

Term: ( ) Semester    ( ) Quarter    Are you in a Degree Program? ( ) Yes    ( ) No

If YES  
 ( ) Undergraduate Major: \_\_\_\_\_ Credit Hrs Already Completed: \_\_\_\_\_  
 ( ) Graduate Major: \_\_\_\_\_ Credit Hrs Already Completed: \_\_\_\_\_

\*\* OR \*\*

( ) Vocational/Technical Certificate sought: \_\_\_\_\_

*List all courses for which you are currently registered.*

|   | Course Number | Course Title | Start Date | End Date | Tuition | Credit Hours |
|---|---------------|--------------|------------|----------|---------|--------------|
| 1 |               |              |            |          |         |              |
| 2 |               |              |            |          |         |              |
| 3 |               |              |            |          |         |              |
| 4 |               |              |            |          |         |              |

I hereby apply for reimbursement in accordance with the established "Tuition Reimbursement Policy" and requirements of the Office of Human Resources. I have read the policy as stated and understand its provisions. The policy may be viewed at: [www.ccc.edu/hrtuitionpolicy](http://www.ccc.edu/hrtuitionpolicy). I further understand that I am responsible for the submission of my original grade report and proof of payment no later than 30 days after the last day of class to the Office of Human Resources, Benefits Division. In addition, I understand that my request is subject to approval by the Vice Chancellor of Human Resources & Staff Development and the availability of funds, which are limited and available on a first come first served basis. The information I have listed above is correct.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Effective August 3, 2015 this document must be attached to your online Travel Authorization/Tuition request that will be routed through the Finance PeopleSoft Travel and Expense Module for management approvals. You will be notified through the online automated system by means of receiving an email notification if your tuition request has been approved, denied or returned to you requesting additional information/documentation.