



Tufts University Human Resources

Staff Tuition Reimbursement Benefit Application

All requests must be forwarded to Human Resources for final approval at least fifteen (15) days before you enroll or make a financial commitment. Attach a copy of the official course(s) description from the institution's brochure or catalogue. Approval is limited to those courses or programs itemized on this form, and are subject to the terms of the Program.

Personal Information

Please Print

School Information

| | | | | | |
|--------------------|---------------------|----|------------------------|-------|----------|
| Employee Last Name | First Name | MI | School or Program Name | | |
| Employee ID | | | Street Address | | |
| Campus Address | Campus Phone Number | | City | State | Zip Code |

Term of Semester:
(Month/Day/Year)
Begin Date:
End Date:

Type of Course:
 Day
 Evening
 Correspondence

Toward Degree of:
 Associate
 Bachelor
 Other:

Expected Date of Degree:
(Month/Day/Year)
Date:

Course information

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

Tuition Reimbursement

| | | |
|--------|--|------------------------------|
| \$ | | Tuition Total |
| \$ () | | Less Other Aid |
| \$ | | Total Covered Tuition |

Please explain why you believe this course(s) is job related:

Employee Signature Date

Supervisor's Signature Date

Return completed form to:
HR Service Center
169 Holland Street, Room 203,
Somerville, MA 02144

Human Resources Use Only

Approved
 Denied
 H.R.
 Signature :
 Date: