



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
200 Boston Avenue Suite 1750
Medford, MA 02155

Human Resources Use Only

Approved
 Denied
H.R.
Signature :
Date: