



Tufts University Human Resources

Staff Tuition Reimbursement Request for Payment

All requests for payment must be forwarded to Human Resources for final approval within sixty (60) days of course completion. Attach a copy of official proof of passing the course (from the institution) and a copy of proof of payment for the course. Only tuition fees are reimbursable. This program does not duplicate other aid. 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

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

Return completed form to:
HR Service Center
200 Boston Avenue, Suite 1750
Medford, MA 02155

Human Resources /Accounts Payable Use Only

Approved
 Denied
H.R.
Signature :

Dept. I.D. U000001
Account 2237

Date:

\$