

**- REQUEST FOR TUITION REIMBURSEMENT -**

Enrollment at Academic Institutions Other than  
University of Delaware, Delaware State University, or Delaware Technical Community College

**EMPLOYEE COMPLETES THIS SECTION**

NAME	EMPLOYEE ID NUMBER	CAMPUS PHONE NUMBER
EMPLOYING CAMPUS	DEPARTMENT	
SALARY PLAN OF EMPLOYEE: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		
OFFERING INSTITUTION AND CAMPUS LOCATION	TERM: SEM., QTR., BLOCK	# CREDITS
		COURSE LEVEL: <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE
TITLE OF COURSE	COURSE NUMBER	MEETING DAYS AND TIMES

*I certify that the information given above is true and complete and complies with appropriate Delaware Tech policies. Documentation verifying the amount of tuition paid and successful course completion is attached.*

EMPLOYEE SIGNATURE	DATE
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**CAMPUS DIRECTOR'S APPROVAL**

SIGNATURE OF VICE-PRESIDENT & CAMPUS DIRECTOR OR DESIGNEE	DATE
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**FOR CAMPUS BUSINESS OFFICE USE ONLY**

<input type="checkbox"/> GRADUATE	Payroll Processed Date _____
<input type="checkbox"/> UNDERGRADUATE	Personal Expense Reimbursement Form # _____
<input type="checkbox"/> Documentation of Satisfactory Grade	<input type="checkbox"/> Documentation of Tuition Paid
Rate: \$ _____ X Credits _____ = Paid \$ _____	
ORGN-APPR# _____ DATE _____	
_____ Signature of Business Manager or Designee	

**DISTRIBUTION:**      One copy - Campus Human Resources Office  
                                  One copy - Business Office  
                                  One copy - Office of the President - Human Resources Office  
                                  One copy - Employee

## **REQUEST FOR TUITION REIMBURSEMENT PROGRAM**

### **IMPORTANT NOTES:**

- (a) The program is available to regular, full-time employees who are on the active payroll at Delaware Technical Community College.
- (b) Employees may enroll each academic term in an academic course, for up to four credits. Non-credit courses, including certificate programs, are not eligible for this program. Enrollment must be at a regionally accredited academic institution other than the University of Delaware, Delaware State University, and Delaware Technical Community College.
- (c) This program covers tuition only. Tuition may be reimbursed at the end of the academic term. All other fees in effect at the offering institution are the responsibility of the employee.
- (d) Reimbursement will not be paid without documentation of amount of tuition paid and successful course completion.
- (e) The amount of such per credit reimbursement shall be up to, but not exceed, the Delaware Tech per credit tuition rates used for the Tuition Exchange Program.
- (f) All policies, rates and charges are subject to change. Each employee, upon enrolling, automatically accepts the obligation to comply with the rules and regulations of the offering institution.
- (g) This benefit is not transferable to a spouse or dependent child.

### **EMPLOYEE MUST TAKE THE FOLLOWING STEPS:**

1. Complete employee section of this form.
2. Obtain signature of your Vice-President and Campus Director or his/her designee (President for Office of the President employees).
3. Take completed form to your Campus Business Office (Fiscal Department for Office of the President employees) along with documentation verifying amount of tuition paid and successful completion of the course.

### **BUSINESS OFFICE PROCEDURES:**

1. Complete "For Campus Business Office Use Only" section of this form.
2. Process a Personal Expense Reimbursement form to procure payment for employee.