



TUITION BENEFIT FORM

Email completed forms to reimbursement@grcc.edu
 Questions can be directed to Theresa Kent at 234-2177.

All approvals must be obtained ten (10) days before the class begins.

Employee Name: _____ Employee ID: _____
*Required
 Employee Group: _____ Date of Hire: _____

Reimbursement for Tuition at Another Institution (Full-time staff/faculty only)

Are you on a leave of absence with or without pay? Yes No
 Is this class required for degree completion? Yes No
 Does this class meet during your normal work schedule? Yes No
 How does this class relate to your present assignment? Attach additional sheet, if needed.

Name of College/University: _____
 Type of Degree (select one) Certificate Undergraduate Graduate
 Institution operates on: (select one) Semesters Terms

Course No.	Course Title	Credit/Term Hours	Beg. Date	End Date	Final Grade

 Employee Signature

 Date

 Dean/Supervisor Signature

 Date

FINANCIAL SERVICES USE ONLY

Approve Disapprove Earn Code: TUN Account Number: 2195-11-0000-000-00 FY: _____

Comments: _____

Within 30 days of completion of the class, submit proof of grade showing successful completion, itemized tuition bill, and receipt of payment to reimbursement@grcc.edu. See instructions at www.grcc.edu/financeandadministration.