

### Request for Tuition Reimbursement

#### Tennessee Board of Regents & Columbia State Community College Faculty and Staff

This program is designed to provide maintenance or tuition-related fees for a maximum of six (6) credit hours per term at either Columbia State or at another institution while continuing work responsibilities at Columbia State. Tuition-related fees may include maintenance fees, registration fees, tuition, debt service fees, technology access fees, online course fees, RODP fees, service charges and incidental fees payable at the time of registration. Employees are responsible for required deposits, special course fees, books and supplies, application fees, applied music fees, lab fees, off-campus facility fees, parking fees, traffic fines and similar fees. Reimbursement is subject to the availability of funds of the College.

*If applicable, the Fee Waiver Program PC-191 for UT/TBR Institutions must be used before benefits are available from this program.  
(For more information regarding this program, review CSCC Policy 05:18:00 and TBR Guideline P-130.)*

Employee Name \_\_\_\_\_ ID # \_\_\_\_\_ Department \_\_\_\_\_  
 Current Degree \_\_\_\_\_  
 Position \_\_\_\_\_ Status \_\_\_\_\_ Service Date \_\_\_\_\_

I am attending a TBR or UT System Institution and I am using the Fee Waiver PC191 Program:  Yes  No

I have an approved Educational Assistance Plan on file:  Yes  No (If no, this program may not be utilized)

**This course of study enhances the employee's value to Columbia State Community College as defined below (check one):**

- |   |  |
|---|--|
| <input type="checkbox"/> Support for training or retraining to enhance expertise needed by the institution? | <input type="checkbox"/> Support for pursuit of a non-terminal degree in a technical or professional description |
| <input type="checkbox"/> Support for working toward a terminal degree                                       | <input type="checkbox"/> Other Explain: _____  |

**Intent for use of reimbursement up to six (6) credit hours per term:**

(a) Institution of proposed study _____	(b) Term & year of Proposed Study _____
Course _____ Credit Hrs. _____	Maintenance Fee/Tuition \$ _____
Course _____ Credit Hrs. _____	Maintenance Fee/Tuition \$ _____
Course _____ Credit Hrs. _____	Maintenance Fee/Tuition \$ _____

Total Reimbursement Requested: \$ \_\_\_\_\_ Note: Reimbursement may not exceed actual maintenance or tuition-related fees for a maximum of six (6) credit hours per term, with a maximum of four (4) terms per academic year, except as approved by the President. Payment by Columbia State will not exceed the highest current semester hour rate for a comparable program offered by a Tennessee public institution, or the CSCC rate if attending CSCC.

**In requesting support for tuition or maintenance fees reimbursement, I agree with the following stipulations:**

- a. Unless retired, I shall be required after completion of the course(s) listed, to be employed by the College for not less than one (1) month of full-time employment for each month of the term of participation in this program.
- b. Satisfactory completion of coursework must be demonstrated to receive reimbursement and to remain eligible for additional assistance. Affirmed grade reports must be provided for the course(s) taken and receipt of payment. Columbia State may provide reimbursement at the time fees are due.
- c. Courses have been scheduled in counsel with supervisors to assure maintenance of optimum job performance. Courses should be scheduled at times other than during regularly scheduled work assignments unless leave or other arrangements have been approved by the supervisor prior to enrolling in the course(s).
- d. I will notify Student Financial Aid Services of this financial Assistance.

I have read and fully understand the requirements (as detailed in the appropriate section of TBR Guideline P-130) related to my above stated request for educational assistance, including stipulations related to future use of the program, proof of satisfactory course completion, provision of receipts for reimbursement requests, and stipulations related to payback provisions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant

I have reviewed and approve this request for educational assistance, affirm that it is covered in the current Employee Educational Assistance Plan of this employee, and have addressed any potential work or scheduling issues related to the employee's attendance or participation in the classes detailed in the request.

\_\_\_\_\_  
Dean or Supervisor Signature      Date

Associate VP or VP (as applicable)      Date      Director Human Resources (if approved education plan on file)      Date

Copy from HR to Business Office on \_\_\_\_\_

*Note to Employee: Submit copy of the approved assistance form when requesting reimbursement from the business office.*