



## Application for Tuition Assistance

To apply for tuition assistance, please complete the following steps:

1. Complete the Application for Tuition Assistance and attach any additional descriptive information regarding the course(s) or degree program you wish to enter.
2. Meet with your immediate supervisor to discuss your tuition assistance request. If it is agreed that your request meets policy guidelines, they will complete the supervisor recommendation section providing a proposal for final approval.
3. Submit the original, signed form to the Office of HR.
4. The completed application will be reviewed by the Office of HR, then forwarded to the Office of the President for final approval.
5. Upon completion of the semester/course, submit the Tuition Reimbursement Form (to include required associated documents), to the Director of HR. If the course was successfully completed the approved tuition amount will be reimbursed to you in accordance with the regular payroll schedule.

### SECTION 1: To be completed by employee

Employee Information			
Employee Name			
Employee ID		Job Title	
Department		Supervisor	
Hire Date			

Education Information			
Degree/Certification			
Institution			
Institution Address			
Start Date		End Date (anticipated)	

Development Objective (what long-term goal is this program/course(s) intended to help you reach):

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Value of Degree Program/Certification to Burrell College of Osteopathic Medicine:

I understand that if this request is approved, reimbursement will be contingent upon successful completion (a grade of **B** or better for graduate courses or a pass when graded on a pass/fail basis); and submission of all receipts and paid bills within 10 business days thereafter.

Employee Signature

Date

**SECTION 2: SUPERVISOR RECOMMENDATION**

*To be completed by immediate supervisor*

This request is	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Supervisor Recommendation/Proposal (should include how this additional training would further the mission of the college and benefit BCOM):			
Supervisor Signature		Date	

**SECTION 3: HUMAN RESOURCE DEPARTMENT APPROVAL**

*To be completed by the Director of HR*

This request	<input type="checkbox"/> Meets Requirements <input type="checkbox"/> Does not Meet Requirements		
Reason (if does not meet)			
HR Signature		Date	

**SECTION 4: PRESIDENT APPROVAL**

*To be completed by the President*

This request is	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Reason (if disapproved)			
President Signature		Date	