MICHIGAN STATE UNIVERSITY Extension

Tuition Assistance Program Application for Reimbursement

for Master's, Doctorate or Terminal Degree Candidates

Form submission deadlines:

The electronic tuition reimbursement request, including proof of payment and documentation of successful completion of class, must be submitted within **90 days** of the last day of the class.

The form and documents are submitted in separate places.

To submit the form, you can either click the icon at the bottom of the form, or send to <u>msue.hr@msu.edu</u>. To submit documentation of proof of payment and successful completion of class, you must save your documents in the appropriate SharePoint folder, provided to you by MSUE HR. *Please note that IE works best for this form

*For additional information, please refer to the MSU Extension Tuition Assistance Policy located on the MSUE HR web page: https://www.canr.msu.edu/od/human_resources/professional-development.

First Name:	Last Name:	
Applicant Information:		
Employee email:	Job Title:	
Work Phone:		
Class Information:		
Accredited college or university:		
Dates of academic period:	to	
Course Title:		
Course Number:	Semester:	Credit Hours:
Grade Received:	Overall GPA, to date:	
Cost per Credit:	Other fees:	Total Cost:

EMPLOYEE ACKNOWLEGEMENT AND SIGNATURE

By submitting this form, I am requesting reimbursement for tuition and fees pursuant to the MSU Extension Tuition Assistance Program. I understand that this program applies only to eligible MSUE employees who are enrolled in classes as part of a pre-approved Terminal Degree (i.e. Master's, PhD, Juris Doctorate, etc). I also understand that reimbursement is for registration fees, tuition, and labs costs up to the amount authorized by the Director of Extension. I understand that some or all of this tuition reimbursement may be taxable under IRS regulations. I further understand and agree that appropriate taxes may be withheld from the paycheck following the reimbursement that, in aggregate, exceeds the current-year limit.

In exchange for my participation in this tuition reimbursement program, I agree to remain continuously employed by MSU Extension for a minimum of 12 months immediately following the completion of the class(es) for which I am reimbursed.

I certify that the information contained in this reimbursement request is correct and that the attached invoice correlates to the course for which I am requesting reimbursement. I have read and fully understand the MSU Extension Tuition Assistance Program Policy. I agree to participate in the program in accordance with that policy.

I agree to the terms stated above.

Please note in the text area below if the above-noted course is a change to your approved program plan. Any significant changes to the plan must be submitted in writing to MSUE HR. Without prior approval, a significant change may result in a delay or decline for reimbursement.

*Please note that IE works best for this form

For use by MSU Extension HR Only		
Extension HR Comments:		
Approved	Denied	
Date:		
Type name for electronic signature:		