

STAFF TUITION ASSISTANCE APPLICATION OUTSIDE OF THE UNIVERSITY OF CHICAGO

Section I: To be completed by the employee; Please note: Your check will be mailed to your home address.

Name	Soc. Sec. No.
Street Address	City, State, Zip

Please indicate how we may reach you during the day:

Phone number: _____ or E-mail address: _____

Name of School (Note: school must be an accredited institution)	School Address:
School Term Start Date:	School Term End Date:

Year (check one)	Type of Degree Enrolled (check one)	Type of Degree Completed (check one)
Freshman	Associate's Degree	Associate's Degree
Sophomore	Bachelor's Degree	Bachelor's Degree
Junior		
Senior		

Course Title(s)	Cost of Course

PLEASE ATTACH: (Check One)

Copy of tuition bill attached	___
Copy of transcript attached	___

Affidavit: By signing below, I attest that I have not previously completed either (1) an associate's degree when enrolling in an associate's degree program, or (2) a bachelor's degree; or (3) a graduate degree; or (4) an equivalent degree from any domestic or foreign institution. If the University later finds that I have sought tuition reimbursement after having completed such a degree (other than for the terminal course required to obtain an initial degree), I agree to reimburse the University for any and all payments made to me under the Staff Tuition Reimbursement Program.

 Employee's Signature

 Date

Section II: To be completed by Benefits

<ul style="list-style-type: none"> • Date application received: _____ • Employee full time? Y N • Employee benefits eligible? Y N If N, application returned on: _____ • All items completed? If N, application returned on: _____ • Accredited institution? Y N If N, application returned on: _____ • Date reimbursement requested: _____ 	<ul style="list-style-type: none"> A. Amount reimbursed to date for the year: \$ B. Amount to be reimbursed per this application: \$ C. Total reimbursed for this year (A+B) = \$ D. Total reimbursed life time to date: \$
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