



TUITION REIMBURSEMENT FORM **Number:**

Name: _____ Date application submitted: _____

Institution attending: _____

Inclusive dates of course: _____

Title of course to be taken: _____ Course Number: _____

Number of credit hours: Quarters Semesters Undergraduate Graduate

Cost per hour: _____ Total cost of course: _____

Will course work interfere with applicant's normal working hours at C-TEC?

Tuition reimbursement received from any other grant, scholarship, etc.

I hereby state the foregoing information is accurate, and I understand that my reimbursement shall be made in keeping with Article 29 of the Negotiated Agreement between the C-TEC/TEA and the C-TEC Board of Education.



Signature of applicant

*I am withdrawing my application for tuition reimbursement.

Signature of applicant

Submit form to Sheila Lewis via email at slewis@c-tec.edu or internal mail.

For Administrative Use Only

Date application received: _____

Date application submitted to Superintendent's office: _____

Processing deadline date: _____

(10 working days from date application is received)

Application approved: Date: Application denied: Date

Application approved pending funds: Date: _____

Amount to be reimbursed: Date grade submitted Check deadline date:

Comments:

*If for any reason the above course work is not completed by the applicant, the applicant should notify the Treasurer's office as soon as possible and sign the application so as to release additional funds.