



OKLAHOMA CITY COMMUNITY COLLEGE

# TUITION REIMBURSEMENT REQUEST CALENDAR YEAR \_\_\_\_\_

This request for tuition reimbursement is made as stated in College Policy, No. 2302.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee ID #

\_\_\_\_\_  
Department

\_\_\_\_\_  
Position Title

### Course Information:

Year & Term	Course Title	College or University	Start & Finish Dates for Class	Grade Earned	Credit Hours	Amount Requested	Amount Approved (HR Use Only)

**In order to be eligible for reimbursement you must attach the following:**

**A copy of transcripts or grade reports for course(s) indicated above.**

**An original receipt for tuition and fees paid by student.**

*My signature below certifies this tuition reimbursement request is a true and accurate statement of enrollment, course completion, grade earned, and tuition expenses for the course(s) approved on Educational and Degree Program Authorization #\_\_\_\_\_. (The Authorization is indicated in the lower right corner of approved "Education and Degree Program Authorization" form)*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

#### Human Resources Use Only

Request Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Director of Benefits