

Payroll \_\_\_\_\_



### Tuition Reimbursement Application

EZID # (REQUIRED)					

FALL   
 WINTER   
 SPRING   
 SUMMER

YEAR			
2	0		

**PLEASE CHECK (✓)**  
 MOSES     CMO/EHIT  
 WEILER    T > HBCBI A  
 CHAM      MMG

**Instructions:** Employee completes and department Supervisor/Administrator signs approval. Send form to Tuition Office forty five days from beginning of course. After course is completed please send copy of bursar receipt and grades. (Service Agreement if applicable) **Please do not send originals**

<b>EMPLOYEE</b>	NAME (LAST, FIRST, MIDDLE) _____	DATE OF HIRE <table border="1" style="display: inline-table;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td> </tr> </table>							M	M	D	D	Y	Y	STATUS <input type="checkbox"/> F/T <input type="checkbox"/> P/T
	M	M	D	D	Y	Y									
	TITLE _____	DEPARTMENT _____	WORK PHONE NUMBER _____												
EMAIL _____	CONTACT PHONE NUMBER (    ) _____														

<b>ACADEMIC INFORMATION</b>	ACADEMIC INSTITUTION _____	MAJOR _____	AS <input type="checkbox"/>	BA <input type="checkbox"/>	MASTERS <input type="checkbox"/>	PHD <input type="checkbox"/>	EXAM <input type="checkbox"/>						
	CERTIFICATION TITLE (RN ONLY) _____	CREDITS COMPLETED <table border="1" style="display: inline-table;"> <tr> <td> </td><td> </td><td> </td> </tr> </table>				CREDITS NEEDED FOR DEGREE <table border="1" style="display: inline-table;"> <tr> <td> </td><td> </td><td> </td> </tr> </table>							
ANTICIPATED GRADUATION DATE <table border="1" style="display: inline-table;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							CAREER/JOB INTEREST _____						

<b>COURSE INFORMATION</b>	COURSE TITLE	CREDITS	COST PER CREDIT	\$	
	1.			TOTAL TUITION COST	\$
	2.			REGISTRATION FEES	\$
	3.			OTHER FEES	\$
	4.				
	TOTAL CREDITS			TOTAL COST	

**PLEASE SIGN AND PRINT SIGNATURES LEGIBLY**

<b>DEPARTMENT APPROVAL</b>	EMPLOYEE SIGNATURE _____	ADMINISTRATOR APPROVAL _____
	PRINT _____	PRINT _____
	SIGN _____	SIGN _____
	DATE _____	DATE _____
	DEPARTMENT HEAD APPROVAL	
	PRINT _____	
I HAVE READ THE TUITION POLICY V-18		
_____ EMPLOYEE INITIALS	_____ SIGN	
DATE _____	DATE _____	

<b>HRD USE ONLY</b>	SERVICE AGREEMENT <input type="checkbox"/>	\$ _____
	APPROVED BY HUMAN RESOURCES TUITION OFFICER _____	REIMBURSEMENT AMOUNT
		DATE _____

Return to the Tuition Reimbursement Office  
 111 East 210th Street, Bronx, NY 10467  
 Email to: [tuition@montefiore.org](mailto:tuition@montefiore.org) Fax to: 914-349-8584  
 Office phone Number: 914-349-8563