## St. Olaf College Staff Tuition Reimbursement Application

This application must be completed and submitted to the Office of Human Resources. Approval is required prior to the start of coursework. A new application is required each academic year.

I. Emp	loyee	Informa	ation
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St. Olaf College:

i. Employee information
Employee Name:
Department:
Division:
Position Title:
Date of Hire:
II. Academic Program Information
Degree Program Sought:
Institution Name:
Program Start Date: Expected Completion Date:
Attach program curriculum or course outline.
III. Program Relevance Please describe how this program relates to your current role or anticipated future role at

If you have participated in this benefit previously, submit a copy of the grades you received to confirm either passing grades of "B" or higher, or "pass" in a pass/fail courses.

## **IV. Supervisor / Division Lead Endorsement**

I have reviewed the Tuition Reimbursement Policy and this application. I affirm that the applicant is qualified to participate in this benefit. I also affirm that the educational

program is directly related to the applicant's empfully support the applicant's receipt of this benefit	
Supervisor Name:Supervisor Signature:	
If different from applicant's supervisor, provide dabove.	
Division Leader's Name: Division Leader's Signature:	
V. Employee Acknowledgement	
I affirm that I meet the eligibility requirements of understand that approval is at the discretion of th required to sign the Promissory Note Agreement received if I separate from employment within tw	e College and that, if approved, I will be obligating me to repay tuition benefits
Employee Signature:	Date:
VI. Human Resources / College Approval	
HR Review:	Date:
Division Leadership Approval:	Date: