



# REQUEST FOR TUITION ASSISTANCE

## University of Wisconsin – Stevens Point

**PRIOR TO REGISTERING FOR A COURSE**, this form must be completed and approved by the Department Chairperson, Supervisor, Dean, or the Executive Director of the department, Human Resources, and Vice Chancellor to be eligible for reimbursement of tuition. Employees will be reimbursed upon successful completion of the course, by submitting the proper documentation. Reimbursements will be completed through direct deposit. See the Tuition Reimbursement Program guidelines for details.

### Page 1: Employee Completes

Employee Name: \_\_\_\_\_ UWSP ID No.: \_\_\_\_\_  
Home Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Classification/Title: \_\_\_\_\_ Employing Department: \_\_\_\_\_  
Type of Appointment:  Faculty  Academic Staff  University Staff  Limited Appointee

Institution Attending*: _____ Address/City/State/Zip _____ Phone No.: _____		Type of Degree (if applicable): <input type="checkbox"/> Doctoral** _____ <input type="checkbox"/> Graduate _____ <input type="checkbox"/> Undergraduate _____ <input type="checkbox"/> Other _____
Course No.: _____ Course Title: _____		**Documentation of acceptance & enrollment in a <b>doctoral</b> program is required for reimbursement at this level.
No. of Credits: _____	Fee/Instruction \$ _____ Cost:*** _____	
Semester Attending	<input type="checkbox"/> Winterim 20 _____ <input type="checkbox"/> Spring 20 _____ <input type="checkbox"/> Summer 20 _____ <input type="checkbox"/> Fall 20 _____	***At the time of submitting this form, attach a printout of the <u>per credit</u> cost for tuition.
Dates of Course:	Start Date: _____ End Date: _____	

**Upon completion of course, submit a copy of the course grade report or certificate of completion (if no grade is given), and itemized paid receipt for course fees, to the Controller's Office, Old Main Building.**

Are you receiving other financial assistance to pay for tuition?  No  Yes, type:  Grants;  Scholarships;  Loans  
Identify source and dollar amount of all financial assistance:

\_\_\_\_\_

Describe how this course will assist you in career progression or why it is related to your current job. Indicate if working toward an undergraduate, graduate, doctoral degree, or other certification. **(If this is your first request for tuition reimbursement, for a course that is part of a degree program, please complete the Supplemental form in lieu of completing this question.)**

\_\_\_\_\_

If coursework must be taken during your normal working hours, briefly explain arrangements to make up for time not worked:

\_\_\_\_\_

\*Reason for attending non-UW institution (if applicable):

\_\_\_\_\_

**NOTICE: Due to the frequent changes in tax laws regarding tuition reimbursements, consult IRS regulations regarding potential tax liability.**

I acknowledge that I have read the tuition assistance guidelines, which includes information on how tuition reimbursement is affected for employee reassignment, resignation, and termination. I will submit a new form for any course changes.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Course No.: \_\_\_\_\_

**Page 2: Supervisor and Administration Completes**

**Department Chairperson's or Supervisor's Approval**

I verify that this tuition assistance request is for advanced education that is a requirement of the position.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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**Dean/Executive Director's Approval**

Account to be Charged: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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**Human Resources Office Approval**

Employee FTE: \_\_\_\_\_

Is the institute accredited?  Yes  No

The course is:  Career-related  Job-related, give details for

Exception: \_\_\_\_\_

**Eligible for reimbursement:**

Eligible for reimbursement of 100% of instructional costs and waiver/reimbursement of segregated fees up to the maximum of the following credit tuition fee, charged at UWSP, to in-state students:

Doctoral  Graduate  Undergraduate

**Course is required by supervisor:** All instructional costs should be paid by the employee's unit at the time of enrollment. Segregated fees should be paid by the unit or waived when possible.

**Decline:** The request for tuition reimbursement is declined because: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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**Assistant or Vice Chancellor's Approval**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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**For Accounting Use Only**

Date Received: \_\_\_\_\_ Accounting String: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Job-related  Career-related Comments: \_\_\_\_\_

Authorized by Controller: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_