

**Tuition Advance Request Form**

***If this is the first Tuition Advance for your course/program, please complete the Application for Tuition Rebate***

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| **EMPLOYEE INFORMATION** | Name: Employee Number: | |
| Admin. \_\_\_\_\_\_\_ Faculty \_\_\_\_\_\_\_ Support \_\_\_\_\_\_\_ F/T P/T P/L Sessional | |
| Campus: Department/School: | |
| Telephone: Ext: | |
| **FUNDING INFORMATION** | The funding level is 50% of course **tuition**. | |
| **Waiting Period** | For non-full-time employees, the individual must have achieved the equivalent of 6 months of service and be employed at the College during the period that the course is being taken. | |
| **COURSE/PRGORAM INFORMATION** | Program Name: Course Name: | |
| Institution: | Course Duration*:* From\_\_\_/\_\_\_/\_\_\_ to\_\_\_/\_\_\_/\_\_\_  Day/Month/Yr Day/Month/Yr |
| Tuition Cost: (Please attach proof of payment) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have you completed your program? Y/N  Tuition Rebate covers only the tuition portion of fees and does not include other expenses such as books, supplies etc. | |
| **ADVANCE**  **INFORMATION** | A Tuition Advance is a request to provide an appropriate portion of the **tuition** fees prior to successful completion of the specified course.  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to provide Human Resources with the necessary documentation (i.e.,  grade report) indicating successful completion of the specified course to be cleared by \_\_\_/\_\_\_/\_\_\_.  Day/Month/Yr  Initials \_\_\_\_\_\_ | |
| **HUMAN RESOURCES SERVICES** | Signature of Human Resources Consultant Training & Development:  Date:  Advance Approved in the amount of: $ | |

**Please submit this completed, signed form to Human Resources.**

**I understand that if I do not provide marks and/or withdraw from the course or am no longer employed by the college, the amount of the Advance will be deducted from my salary or I will be required to reimburse the full amount of the advance to the College.**

Signature of Employee: Date:

Signature of Supervisor: Date: