

# Fleming College

## Application for Tuition Rebate

This form is submitted only once at the beginning of the program.

EMPLOYEE INFORMATION	Name:	Employee Number:
	Admin. ____ Faculty ____ Support ____	F/T <input type="checkbox"/> P/T <input type="checkbox"/> P/L <input type="checkbox"/> Sessional <input type="checkbox"/>
	Campus:	Department/School:
	Telephone:	Ext:

COURSE/PROGRAM INFORMATION	Program Name:	Number of Courses:
	Institution:	Program Duration: From ____/____/____ to ____/____/____ Day/Month/Yr Day/Month/Yr
	Are you eligible to receive tuition funding from any other sources <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please provide details:	

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

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

Supervisor's Signature: \_\_\_\_\_

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

Please submit this completed, signed form to Human Resources.

HUMAN RESOURCES	Approved <input type="checkbox"/>	Reason:
	Declined <input type="checkbox"/>	
Signature of Human Resource Consultant: _____		
Date: _____		

Copies: Applicant & Employee supervisor  
Original: HR Tuition Rebate File