



## Employee Development – Tuition Reimbursement Program Application Form - #3-346-01

This application must be completed and approved in advance of commencing a program for which financial support is being requested. Please refer to OP 3-346 Tuition Reimbursement for eligibility rules.

EMPLOYEE INFORMATION	
Employee Name	
Employee Group	Choose an item.
Employee ID	
Job Title	
Job Type	
Campus	
Dept. / School	
Phone Number	

PROGRAM INFORMATION	
Program Name	
Accredited Institution <sup>i</sup> (Please attached evidence of accreditation)	
Program Start Date	
Program Duration	
Number of Courses	
Program Outcome	Choose an item.
Estimated Total Cost <sup>ii</sup>	

Are you eligible for any alternative source(s) of tuition funding/support? (e.g. bursaries)	
Choose an item.	If yes, please provide details, including amount, below:

COURSE INFORMATION		
Please list the courses comprising the program and the estimated completion date for each one. If your program consists of electives, please indicate "elective" in the first column. Please include a brochure/program outline.		
Course Name	Course Code	Estimated Completion Date


Explanation:

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**How does this program align with Fleming's Strategic Plan?**

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**Describe how you intend to use the program in your work and the value to be created –how will Fleming College and, in particular, Fleming students, benefit?**

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I [Click or tap here to enter text.](#) understand and accept the conditions of this tuition program application as outlined in Operating Procedure #OP-3-346B, Continuing Education, and Policy #3-346 – Employee Learning and Development.

**Employee Signature:**

**Date:**

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**Approvals**

**Manager's Approval**

Name	Signature	Date:
<a href="#">Click or tap here to enter text.</a>		<a href="#">Click or tap to enter a date.</a>

**Manager's Manager:**

Name	Signature	Date:
<a href="#">Click or tap here to enter text.</a>		<a href="#">Click or tap to enter a date.</a>

Senior Management Team Member:		
Name	Signature	Date:
Click or tap here to enter text.		Click or tap to enter a date.

Once approved by the requesting employee's Senior Management Team member,  
the application is sent to [humanresources@flamingcollege.ca](mailto:humanresources@flamingcollege.ca).

Senior Management Team Approval for Diploma and/or Degree Programs Only	
Date Approved	Date Declined & Reason
If Approved, Percentage Approved Choose an item.	
Maximum Financial Support	\$ Choose an item.
Repayment Provisions	Choose an item.
	Choose an item.

<sup>i</sup> If the educational institution is outside of Canada , please provide an attestation that an equivalent program is not available in Ontario or, more broadly, Canada. Evidence of accreditation may be also be required regardless of the location of the institution.

<sup>ii</sup> If the program is only offered through an institution outside of Canada, please indicate the total estimated cost in Canadian dollars and attach the cost information and the conversation rate used.