Undergraduate

Human Resources

Graduate

Instructions: Please complete the form, print, and sign it. Forward form to the Office of Human Resources for approval. Enrollment in course does not guarantee reimbursement of tuition. You must also provide a copy of your fee statement. Resignation or termination before the conclusion of the semester makes the reimbursement approval null and void.

| Name: | | Employee ID Number: | | | | |
|--|------------|---------------------|------------------|-------------|------------------|--------|
| Email address: | | | | D | lepartment Name: | |
| ELIGIBILITY INFORMATION: | | | COURSE INFORM | NATION: | | |
| Date of Hire at UHCL: *Must have 6 months of continuous service | | | Course Name (s): | | - | |
| Paid: Monthly | Bi-Weekly | | Institution: | | | |
| My position is benefits-eligible: My fee statement is attached: | YES YES | NO NO | Semester: | FALL | SPRING | SUMMER |
| | | | Course Type: | Degree Seek | ing | |

By signing this form I acknowledge that I am applying for the current semester of enrollment. I also acknowledge that it is my responsibility to turn in my grades at the conclusion of the semester. I understand that I must earn a C or better in undergraduate courses, and a B or better in graduate courses in order to receive reimbursement. Incomplete or dropped courses are not eligible for reimbursement. I understand that termination before the conclusion of the semester makes the approval for reimbursement null and void.

| Employee signature: | Date |
|---------------------|------|
| Employee eignature. | |

| For Human Resources Only: | |
|--|-----|
| | Amt |
| Approved Bv: | |
| Approved By: Copy sent to employee: | |
| ePAR Submitted: | |
| eForm ID: | |
| Employee Paid: | |