



United Steelworkers/Goodyear-Fayetteville



Institute for Career Development

REQUEST FOR TUITION REIMBURSEMENT

Name: _____ Dept: _____ Clock Card Number: _____

Address: _____
Number & Street City State Zip Code

Telephone: () _____ E-mail: _____

Last 4 Numbers – S.S. # _____ Continuous Service Date: _____ D.O.B. _____

LEARNING INSTITUTION INFORMATION

Institution Name: _____ Telephone: () _____

Address: _____
Number & Street City State Zip Code

YOUR STUDY PLANS

Program Type

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Other |
| <input type="checkbox"/> Bachelor Degree | <input type="checkbox"/> Graduate Degree | |
| <input type="checkbox"/> Certificate | <input type="checkbox"/> High School Completion/GED | |

DESCRIBE EACH COURSE COVERED BY THIS TUITION REQUEST

Course Name	Course Number	Credit Hours	Cost per Hour	Fees

Term Beginning Date: _____ Term Ending Date: _____

Tuition Costs: _____ Fees: _____ Total Request: _____

I agree that:

- * This request does not include tuition assistance from any other source.
- * This request covers tuition and direct course related fees only. (Does not include application, material, equipment, parking fees or any other non-tuition costs.)
- * I will attend classes on my own time.
- * When I finish my studies, I will provide proof of completion, such as a grade report, to the Career Development Program. (Failure to do so will prohibit me from receiving further Tuition Assistance.)

Signature: _____ Date: _____

Please return form to: ICD Learning Center