



## APPLICATION FOR EDUCATIONAL ASSISTANCE

PART I: This section of the form must be completed by the employee and approvals must be obtained **before** commencing the course(s).

Employee Name	Date
Position	Years of Service
Department Name	Fiscal Year
Name of School/Institution	\$ _____
	Cost of Tuition to be reimbursed (\$1,000 maximum per term) (\$3,000 maximum per fiscal year)

In order to qualify for Educational Assistance, the course(s) must lead towards a degree or a professional development certificate program. Indicate the appropriate category below. For a Master's degree, the program must be directly related to the employee's current position with WesternU.:

The course(s) I am taking will lead towards a:

Degree Program (Specify the degree): \_\_\_\_\_

Certificate (Specify the certification): \_\_\_\_\_

Program Schedule:

Name of course(s) for the current fiscal year	Date Course Begins	Date Course Ends	Units/Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Provide an explanation on how this program or this/these course(s) will assist you in the performance of your current position or prepare you for other positions within the University community.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand I must receive a grade of "C" or better or a passing grade in a Certificate Program for an undergraduate course in order to be reimbursed. I also understand I am responsible for furnishing proof of completion and original receipts in order to receive reimbursement for tuition. **No expenses other than tuition are covered.**

**Important Tax Information:** For determination of individual tax liability, the participant(s) in this program are encouraged to consult a qualified tax advisor, at the participant's expense, for applicability of Internal Revenue or State of California Tax Code.

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

\_\_\_\_\_  
Date

**PRE-APPROVALS:**

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
The Office of Human Resources

\_\_\_\_\_  
Date

To receive your Educational Assistance reimbursement, this form must be submitted to Human Resources **within sixty (60) days** of completion of the course(s), along with:

- the completed PART II: Request for Educational Assistance Reimbursement section below
- proof of grade of "C" or better, or passing grade received for the course, and
- original receipt(s) showing **you have paid the tuition** you are requesting reimbursement for (*your receipt(s) must clearly indicate the amount you paid is for tuition. No other expenses other than tuition are reimbursable*).

**REQUEST FOR EDUCATIONAL ASSISTANCE REIMBURSEMENT**

PART II: I have completed the following course(s) towards my degree/certification as described above.


Attached are:

- Proof of grade of "C" or better or a passing grade for the completed course(s).  
 Original receipts for the tuition I paid for the completed course(s).

For Office of Human Resources Only

Reimbursement:  Approved  Disapproved

Grade(s) Received:  Yes  No Eligible Amount: \$ \_\_\_\_\_

Original Receipts received and verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
The Office of Human Resources

Finance review and approval by: \_\_\_\_\_ Date: \_\_\_\_\_