TUITION REIMBURSEMENT APPLICATION

OVERVIEW:

Pursuant to the Tuition Benefits Guidelines, following 2 years of continuous employment, employees employed in full-time permanent positions may request tuition contribution from Nichols College ("College") in order to attend another institution of higher education on the basis both that the course of study leading to a degree is deemed strategically important for Nichols College accreditation purposes and that the course of study is not offered by the College.

INSTRUCTIONS:

Complete all areas in the Application for Tuition Reimbursement below.

Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Hire: \_\_ / \_\_ / \_\_

Name & Address of College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree being pursued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate Tuition Cost: $ \_\_\_\_ \_

ACKNOWLEDGMENT:

I hereby certify that I have read and understand the Policy and Tax Information Regarding Tuition Benefits, that I meet the eligibility requirements in this Application, and that the information provided herein is true and accurate. I understand that (i) should I fail to fully complete the authorized course of study, pursuant to the standards set by the enrolling institution or the College, all monies paid by the University shall be repaid to the University by me within three (3) months from the date I am no longer actively enrolled, and (ii) should I voluntarily leave the College before four (4) years have lapsed following proper, approved completion of the authorized course of study, I will repay the College the 20% of the total costs for each year below 4.

I further understand that any monies paid by the College hereunder are advances against my future earnings, and I hereby authorize the College to deduct from my due and owing salary and/or vacation accrual to recover any monies which I am required to repay the College.

Employee Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Approval

President Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Terms of Reimbursement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_