

# Northwestern Health Sciences University

## EDUCATIONAL ASSISTANCE APPLICATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

### **PRIOR TO ENROLLMENT**

**NOTE: Pre-approval of tuition reimbursement must be received prior to beginning the course.**

1. Discuss courses with your supervisor to ascertain that they are job related and eligible for reimbursement. Reimbursement covers tuition only ( maximum 12 credits/year) - *Additional fees are non-reimbursable.*
2. Please provide the following information:

School Name	Course #	Course Title	# Credits	Tuition	Term / Year
Total Tuition Amount:					

Will you receive Veterans Benefits or tuition aid for any of these courses?

- Yes, amount: \$ \_\_\_\_\_       No

Faculty, are the courses part of your Professional Development Plan?

- If yes, please attach a copy of PDP       If no, please answer the next question

How do the courses contribute to your current job performance or career goals at NWHSU?

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3. Submit this form to your supervisor for signature approval. Once supervisor has approved this application, forward this form to the Human Resources office.

**I understand that if my employment with Northwestern Health Sciences University is voluntarily terminated, I agree to reimburse the University any amount of tuition reimbursement received during the previous twelve (12) months.**

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

\_\_\_\_\_  
Date

The proposed courses are considered to be directly related to the employee's work and/or career plans at NWHSU and will be beneficial in the performance of his/her job.

\_\_\_\_\_  
Department Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Signatures

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date

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### **UPON COMPLETION OF COURSE WORK**

Submit tuition receipt and course grade verification to the Human Resources office.

HR Use Only:

Grade Attached

Tuition Statement Attached

Amount to be Paid: \_\_\_\_\_

Date Submitted for Pay't: \_\_\_\_\_