

**FLORIDA SOUTHWESTERN STATE COLLEGE  
TUITION REIMBURSEMENT APPLICATION**

**\*IMPORTANT\***  
**THIS FORM MUST BE SUBMITTED PRIOR  
TO TAKING A CLASS**

**EMPLOYEE INFORMATION**

HIGHEST DEGREE HELD: \_\_\_\_\_  
 NAME: \_\_\_\_\_ BANNER ID NUMBER: \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_ DEPT. NAME: \_\_\_\_\_

**REQUEST FOR AUTHORIZATION**

Academic Term and Year: \_\_\_\_\_ Degree Being Sought: \_\_\_\_\_  
 Educational Institution Attending: \_\_\_\_\_

Anticipated Course Work (**6 credit hours** per semester only)

Course(s) Prefix/ Number	Title of Course	Semester Hours	Quarter Hours

I hereby certify or affirm that I have not and will not receive any other financial reimbursement for educational expenses claimed on this form. I further understand that I will forfeit my tuition reimbursement if I do not receive the required grade point average or higher for each course, or if I terminate employment or am terminated before completion (grade distribution) of the course(s).

\_\_\_\_\_  
 Employee Signature & Date                                      Supervisor Signature & Date                                      HR Administrator Signature & Date

**Approved Total Reimbursable Expenses**  
**(Completed by Human Resources) \$ \_\_\_\_\_**

\_\_\_\_\_  
 Tuition Budget Administrator, Human Resources Signature & Date

**REIMBURSEMENT CERTIFICATION**

To be completed after course work completed:

Course(s) Prefix/ Number	Title of Course	Grade Received		

I hereby certify that I have satisfactorily completed the course(s) above and incurred the associated educational expenses for which reimbursement is now requested. I also certify that I have never been reimbursed by ESC and have not received any other form of reimbursement (i.e., scholarships, grants, etc.) for the course(s) for which reimbursement is being requested nor have I ever previously requested or received reimbursement for any of the above expenses.

**REQUEST FOR AUTHORIZATION**

\_\_\_\_\_  
 Employee Signature & Date

**To be Completed by Human Resources:**

**The above employee completed the course(s) listed above, maintained the required GPA for the course(s) and is entitled to receive tuition reimbursement in the amount of:**

**\$ \_\_\_\_\_**

\_\_\_\_\_  
 Tuition Budget Administrator, Human Resources Signature & Date