

Tuition Assistance Reimbursement Request

Submit within 60 calendar days of course completion

Recipient Information			
Name:		Employee ID #:	
Mailing Address:			
City:		State:	Zip:
Phone #:		Email:	
Department:	_		
Course Information			
Coarse morniación			
College/Institution:			
Semester: Year:			
Course I	Number:	Course Title:	Grade:
Only pre-approved courses are eligible for reimbursement.			
Courses must receive the following grades to be eligible for reimbursement:			
o Associates: C		s/Fail: Course result and a copy of the institution's	s aradina nolicy
 Undergraduate: C or higher Certification/Licensure/Ungraded: Documentation of successful completion 			
o Graduate: B o	r higher		
Tuition Information			
Total Semester Tuition Cost: Total Amount Paid by Recipient:			
Breakdown of Additional Assistance (ex: Federal Pell Grant, Federal SEOG, scholarships, etc. This DOES NOT include student loans.)			
			ount:
Type of Assistance:		Λm	ount:
Reimbursement Information			
Amount Requested:	• •	** Your reimbursement check will be	-
	do not exceed \$1,000)	——— address you entered above. Pleas accuracy. **	e double check it for
Confirmation		accuracy.	
Confirmation			
		nade available to me on the application and are all	
Tuition Assistance program webpage. I understand that if I voluntarily separate from Wake Tech within one year of receiving Tuition Assistance, I must refund the Foundation the total amount received during the last one-year period.			
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Please accept my Electronic Signature			Date of Request
	cot. ome signature		m/d/yyyy

Please email these items to Lesia Johnson lkjohnson@waketech.edu and Betsy Beaird dlbeaird@waketech.edu

- 1. This completed Reimbursement Request form.
- 2. A copy of a grade report or an unofficial transcript. (Screen shots are accepted but MUST show your name.)
- 3. A full statement/account summary of this semester's tuition costs and payment.