

Tuition Assistance Reimbursement Request

Submit within 60 calendar days of course completion

Recipient Information			
Name:	Employee ID #:		
Mailing Addrocc			
City:	State:	Zip:	
Phone #:	Email:		
Department:			
Course Information			
College/Institution:			
Semester: Ye	ear:		
Course Number:	Course Title:	Grade:	
	_		
Only pre-approved courses are eligible for reimbursement.			
Courses must receive the following grades to be eligible for reimbursement:			
 Associates: C or higher Pass/Fail: Course result and a copy of the institution's grading policy 			
 Undergraduate: C or higher			
Tuition Information			
Tultion 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		ount:	
Reimbursement Information			
	** Your reimbursement check will be	e mailed by USPS to the	
Amount Requested:	address you entered above. Pleas	-	
(approved amounts do not excee	accuracy. **		
Confirmation			
I agree to the program's terms which were made available to me on the application and are also on the Foundation's			
	age. I understand that if I voluntarily separate from Wake Te		
receiving Fultion Assistance, I mu	st refund the Foundation the total amount received during the	ne last one-year period.	
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Please accept my Electronic Sig	gnature	Date of Request m/d/yyyy	
Email those items to both ! co	ia Johnson Ikinhasan@wakatash adu and Patey Pagird di	bosird@wskotoch cd.	

Email these items to **both Lesia Johnson** lkjohnson@waketech.edu **and Betsy Beaird** dlbeaird@waketech.edu **as a .pdf file only.** No other file types will be accepted - Example: Word, photo files (.jpg, .png.), etc.

- 1. This completed Reimbursement Request form.
- 2. A grade report or an unofficial transcript, which MUST show your name.
- 3. A full statement/account summary of this semester's tuition costs and payment.