WAKE TECH

FOUNDATION

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	
College/Institution:	
Semester: Year:	
Course Number:	Course Title: Grade:
• Only pre-approved courses are eligible for reimbursem	ient.
• Courses must receive the following grades to be eligible	le for reimbursement:
• Associates: C or higher • Pass/Fail: Court	se result and a copy of the institution's grading policy
	icensure/Ungraded: Documentation of successful completion
 Graduate: B or higher 	
Tuition Information	
Total Semester Tuition Cost:	Total Amount Paid by Recipient:
Breakdown of Additional Assistance (av: Federal Pell Gr	ant, Federal SEOG, scholarships, etc. This DOES NOT include student loans.)
Type of Assistance:	
Type of Assistance:	
Reimbursement Information	
Amount Requested:	Your reimbursement check will be mailed by USPS to the address you entered above. Please double check it for
(approved amounts do not exceed \$1,000)	accuracy. **
Confirmation	
	ble to me on the application and are also on the Foundation's
	if I voluntarily separate from Wake Tech within one year of
receiving Tuition Assistance, I must refund the Foundation	on the total amount received during the last one-year period.
Please accept my Electronic Signature	Date of Request
	m/d/yyyy
	@waketech.edu and Betsy Beaird dlbeaird@waketech.edu
as .pdf files only. No other file types will be accepted.	ed - Example: Word, photo files (.jpg, .png.), etc.
 This completed Reimbursement Request form. A grade report or an unofficial transcript, which MUST show your name. 	
2. A grade report or an unofficial transcript which	MUST show your name