**REFUND REQUEST - TUITION**

|  |  |
| --- | --- |
| **Date:** |  |
|  |
| **Name:** |  | **Employee No:** |  |
|  |
| **Department:** |  | **Position:** |  |
|  |
| **School:** |  | **Cost:** |  |
|  |
| **Course :** |  |
| (One form per course) |
| **Date of Course:** | **From** |  | **to** |  |
|  |
| Course Description and how it relates to job (including how taking this course will benefit the Company). Attach sheet for further description. |
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|  |  |  |  |  |
| I understand that if this request is approved and I am reimbursed for the tuition/course fee I have paid, that I will be expected to attend all classes and receive a grade of C or better. If I do not comply with these requirements, I must return the fees I have been paid. |
|  |
| Employee Signature | Supervisor’s approval |

**FOR OFFICE USE ONLY:**

|  |  |  |  |
| --- | --- | --- | --- |
| Reimbursed Date: |  |  |  |
| Cheque #: |  |  |  |
| Initials: |  |  |  |
| Account #: |  |  |  |

# ONE SHEET PER COURSE

ATTACH COPY OF “STUDENT GRADE REPORT” OR CERTIFICATON OF COMPLETION