

ROGER WILLIAMS UNIVERSITY AND ROGER WILLIAMS UNIVERSITY SCHOOL OF LAW

TUITION REIMBURSEMENT APPLICATION

ELIGIBILITY

Following six months of continuous service, employee(s) in full-time permanent positions may request tuition contribution from the University in order to attend another institution of higher education on the basis both that the course of study leading to a degree will directly benefit the University and that course of study is not offered by the University.

Enrollment is limited to six (6) credit hours per semester. The dollar value for reimbursement is limited to the IRS non-taxable threshold (currently \$5,250) per calendar year.

Prior to any reimbursement for tuition paid by the recipient in accordance with the Tuition Benefits Policy, proof both of at least a passing grade and of actual payment by the recipient is necessary and required by the University. There will be no reimbursement for any course in which a failing grade is achieved.

INSTRUCTIONS

- 1. Complete all areas applicable in the Application for Tuition Reimbursement Section below accompanied by a detailed recommendation from the Divisional Vice President.
2. The tuition reimbursement must be submitted for approval to Divisional Vice President concurrently with the course description prior to the start of each semester.
3. The original tuition reimbursement form is maintained in the Office of Human Resources and reimbursement is processed once proof of passing grade and receipt of actual payment was submitted.

APPLICATION FOR TUITION REIMBURSEMENT (Please Print)

Name of Employee: _____ Date of Hire: ___/___/___

Name & Address of College/University: _____

(List each course separately below:)

1. Course Title: _____ # of Credits: _____ Tuition Cost: \$ _____

Date of Course: ___/___/___ to ___/___/___ Time of the Day: ___:___ to ___:___ Day of Week: _____

2. Course Title: _____ # of Credits: _____ Tuition Cost: \$ _____

Date of Course: ___/___/___ to ___/___/___ Time of the Day: ___:___ to ___:___ Day of Week: _____

3. Course Title: _____ # of Credits: _____ Tuition Cost: \$ _____

Date of Course: ___/___/___ to ___/___/___ Time of the Day: ___:___ to ___:___ Day of Week: _____

I hereby certify as an employee of the University that I meet the eligibility requirements in this application for tuition reimbursement and the information provided is true and accurate. If my employment terminates during the semester, I understand that I will be responsible for all monies paid by the University under the caveats stated in B.1, 2 & 3 in the Tuition Benefits Policy.

Employee's Signature: _____ Date: ___/___/___

Department/School: _____ Extension: _____

UNIVERSITY AUTHORIZATIONS

Divisional Vice President: _____ Date: ___/___/___

Human Resources: _____ Date: ___/___/___