



## **TUITION REIMBURSEMENT REQUEST FORM**

<b>THIS SECTION IS TO BE COMPLETED BY THE EMPLOYEE</b>	
Employee Name:	
Employee University ID #:	
Course Code/Title:	
# of Credits:	
Start Date/End Date:	
Funding Request Amount:	
Date Submitted:	
<b>I understand and agree to the terms set forth by the Tuition Reimbursement Policy. I have attached my invoice and grades as supporting documentation.</b>	
Employee Signature:	
<b>THIS SECTION IS TO BE COMPLETED BY THE SUPERVISOR</b>	
Date Reviewed:	
Supervisor Name: (PRINT)	
Supervisor Signature:	
<b>THIS SECTION IS TO BE COMPLETED BY BENEFITS ADMINISTRATOR</b>	
Previous Balance:	
New Balance:	
Comments:	
Date Reviewed:	
Name:	
Signature:	
<b>THIS SECTION IS TO BE COMPLETED BY THE PRESIDENT</b>	
Approved/Denied:	
Comments:	
Date Reviewed:	
Name:	Susan C. Aldridge, PhD
Signature:	
<b>PLEASE RETURN TO THE BENEFITS ADMINISTRATOR. THIS REQUEST WILL BE FORWARDED TO DREXEL UNIVERSITY PAYROLL DEPARTMENT FOR PROCESSING.</b>	

*updated 12/2017*