



TUITION REQUEST FORM

EMPLOYEE INFORMATION	
EMPLOYEE NAME:	
EMPLOYEE ID #:	
DEPARTMENT:	
JOB TITLE:	
HIRE DATE:	

EDUCATION INFORMATION			
TERM:		START DATE:	
		END DATE:	
SCHOOL/COLLEGE:			
PROGRAM:			

COURSE CODE	COURSE TITLE	CREDITS	COST PER CREDIT

Explain how the education received in the courses listed above will be helpful to your present position or to your career growth at Drexel University Online.

Did you receive tuition funds from any other source?	NO:	YES:
If YES, list source:	Amount \$:	
If YES, list source:	Amount \$:	

SIGNATURES	
Employee Name (PRINTED):	
Employee Signature:	
Date:	
Supervisor Name (PRINTED):	
Supervisor Signature:	
Date:	
President Approval:	
	Susan C. Aldridge, PhD
Date:	