

APPLICATION FOR TUITION REIMBURSEMENT

For CCS, DPMG and NSGEU group members only

IMPORTANT NOTICE: Application must be approved prior to registration. Please note that termination of employment will cancel any pending tuition reimbursement.

PLEASE PRINT

Note:

* Only tuition amount is reimbursed.

SECTION I APPLICANT INFORMATION

ID#: **B** _____

Name: _____
Last Name
First Name
Initial

Department: _____

Phone #: _____ Year Hired: _____

Applicant Signature: _____ Date: _____

SECTION II COURSE AND PROGRAM INFORMATION

Program of Study

Institution

Course Starting Date **Month:** _____ **Year:** _____

Course Number e.g., PHIL 3401

Course Title

Department Head/Director Certification of Job Relatedness for Income Tax Purposes:

Department Signature

* This application must be accompanied by a letter of support from the Department Head/Director.

Endorsement from Appropriate Dalhousie University Vice-President:

Vice-President Signature

SECTION III EMPLOYEE AND ORGANIZATIONAL DEVELOPMENT (Office Use Only)

Employee Group

Account Number

EOD Authorized Signature

Date

Taxable/Non-Taxable Benefit Taxable ___ Non-Taxable ___