

WELLESLEY COLLEGE  
UNION TUITION ASSISTANCE PROGRAM APPLICATION

Employee Name \_\_\_\_\_ Title \_\_\_\_\_

Department \_\_\_\_\_ Extension \_\_\_\_\_

Eligibility (check as appropriate)

\_\_\_\_\_ I have completed at least one year of full time employment.

\_\_\_\_\_ I have a budgeted position at least 9 months per year.

\_\_\_\_\_ I have not exceeded my current fiscal-year reimbursement limit of \$1,500 or the  
Equivalent of (1) Wellesley College course – whichever is applicable.

Brief course description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Course Name	Institution	Start Date	End Date	Tuition
-------------	-------------	------------	----------	---------

--	--	--	--	--

I understand that reimbursement will not be made unless this request has been submitted and approved prior to the start of the course. Once approved, payment will be made subject to submission of the paid tuition bill from the institution and evidence of successful completion of the course. This must be submitted within 60 days following completion of the course.

Employee's Signature \_\_\_\_\_

Submit to the Deputy Director of Human Resources for approval.

\_\_\_\_\_

\_\_\_\_\_  
Deputy Director of Human Resources

\_\_\_\_\_  
Date

Copy - Human Resources

copy-Controller's

copy -Applicant

