

Wilberforce University - Tuition Reimbursement

Please Print

A tuition reimbursement is requested for:

Employee Name: (Please type or Print)	Social Security No.
---------------------------------------	---------------------

Please check the appropriate certification and complete any requested information. Return this completed form to the Office of Human Resources, Room 104 Wolfe Administration building prior to the first day of class.

<input type="checkbox"/> I certify that I have been a full time employee of Wilberforce University for at least one year	<input type="checkbox"/> I will ___ will not ___ be taking classes during regular scheduled work hours. (Note: Please fill out the class schedule below.)	
Class Schedule		
Course Name	Time	Day(s)

By affixing my signature below I certify that I have read and understand the Tuition Reimbursement Policy. Falsification of information may result in removal from the program and disciplinary actions.

Employee Signature Date

Supervisor Signature Date

Director of Student Financial Services Date

Director of Human Resources Date

CFO Date