

WWW.ASA.EDU

TUITION REIMBURSEMENT REQUEST FORM

EMPLOYEE INFORMATION					
Name:	Employe ID#:		Request Date:		
Job Title:		<u> </u>			
		☐ Facul	ty Staff		
Department:		Employee FT Status Date:			
SCHOOL INFORMATION					
Name of School:	Name of Program:		Semester:		
Dungued College Degrees					
Pursued College Degree: Associate	Baccalaureate	Masters	Doctorate		
Classes (Must total 6 credits minimum per semester):					
Name and #		Credits	Grade		
Name and #			Grade		
Name and #			Grade		
Name and #			Grade		
			Semester GPA		
I have provided supportive documentation (original bursar receipt, official transcript) and attest that the above is correct to the best of my knowledge.					
Employee Signature:		Date:			
HUMAN RESOURCES AND BUSINESS OFFICE Calculation:	VERIFICATION				
Total \$:					
HR Review:		Date:			
Business Office Review:		Date:			
PAYMENT APPROVAL					
Division SVP/VP:		Date:			
President:		Date:			

81 Willoughby Street Brooklyn, NY 11201 Tel.: 718 - 522-9073

Tel.: 212-672-6450

NORTH MIAMI BEACH 3909 N.E. 163rd Street North Miami Beach, FL 33160 Tel.: 786-279-1740



WWW.ASA.EDU

TUITION REIMBURSEMENT COMPUTATION FORM FOR FACULTY/STAFF PURSUING COLLEGE DEGREE

EMPLOYEE INFORMATION					
Name:	Employe ID#:		Request Date:		
Job Title:		☐ Facul	ty Staff		
Department:		Employee FT Status Date:			
A. TUITION PAID (exclusive of fees such as a	dministrative fee, ins	urance fees, late r	egistration fees, etc.)		
\$					
B. LESS GRANTS AND SCHOLARSHIPS (do no	ot include loans)				
1. Pell Grant	\$		-		
2. TAP	\$		-		
3. SEOG Grant	\$		-		
4. Scholarships	\$		-		
5. Other Grants (please specify):					
	\$		-		
	\$		-		
	\$		-		
Total Grants & Scholarships (sum of B1, B2, A	B3, B4, and B5): \$		-		
C. TOTAL AMOUNT OF TUITION ACTUALLY PAID DIRECTLY BY STUDENT (A-B)					
\$					
D. ALLOWABLE TUITION REIMBURSEMENT AMOUNT (\$2,000 or amount on line C - whichever is lower)					
\$					
Business Office Review:		Date:			
AMOUNT RECEIVED:					
\$					
Employee's Signature:		Date:			

1293 |