

## TUITION ASSISTANCE FORM

This form should be completed and submitted to the Human Resource Department by the following deadlines:

- June 30-Fall Semester      • October 30-Spring Semester      • April 30-Summer Semester
- (For institutions that don't use a traditional schedule, 45 days prior to the beginning of the term)*

**Employee Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Name of College or University Attending:** \_\_\_\_\_

**1. Proposed Course is:**

- Undergraduate Course Credit
- Graduate Course Credit
- Certificate program credit

**2. Course Format:**

- In-person                       Other (Please list format) \_\_\_\_\_
- Online

**3. Course Information:**

Course Number: _____	Course Number: _____
Course Title: _____	Course Title: _____
Credit Hours: _____	Credit Hours: _____
Class Meeting Days: _____	Class Meeting Days: _____
Class Times: _____	Class Times: _____

\*If the school uses a quarter hour system rather than a semester hour system, check here

**4. Are courses for credit leading to a degree or certificate?**

- Yes                       No

**5. Name of Degree or Certificate Program:** \_\_\_\_\_

**6. Major Field of Study:** \_\_\_\_\_

**7. Are you receiving other educational financial assistance?**

- Yes                       No

If yes, what type of assistance? \_\_\_\_\_

**8. Please respond to the following questions:**

a. How does the proposed course of study relate to your job assignment/position duties?

\_\_\_\_\_

\_\_\_\_\_

b. If the course meets during your normal work hours, how will your work schedule be adapted?

\_\_\_\_\_  
\_\_\_\_\_

c. How will the course-provided knowledge/techniques improve your performance and be useful to the City of Gallup?

\_\_\_\_\_  
\_\_\_\_\_

**9. By signing below, I have read and I understand the Tuition Assistance Policy and agree to the terms of the policy. I further understand that I will be responsible to repay any amounts owed if I default on the terms of the policy.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Notice: HR will facilitate signature process. HR will inform the parties of the final decision.*

**10. Review and Signatures:**

**a. Department Review:**

Approved       Denied

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If denied, state reason: \_\_\_\_\_

**b. Tuition Committee Review:**

Approved       Denied

Assistant City Manager: \_\_\_\_\_ Date: \_\_\_\_\_

If denied, state reason: \_\_\_\_\_

**c. City Manager Approval:**

Approved       Denied

City Manager: \_\_\_\_\_ Date: \_\_\_\_\_

If denied, state reason: \_\_\_\_\_

TO BE COMPLETED BY HUMAN RESOURCES		Fiscal Year _____
1. Amount Tuition Paid	\$ _____	
2. Amount Fees Paid	\$ _____	
3. Amount Books Reimbursement	\$ _____	
Total Tuition Benefit (Add Lines 1-3)	\$ _____	
Courses Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grades Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Initials _____	Remarks: _____	Date Submitted ____/____/____