

**NTS DEVELOPMENT COMPANY  
TUITION REIMBURSEMENT PROGRAM**

**EMPLOYEE REQUEST FOR INDIVIDUAL COURSE APPROVAL**

**EMPLOYEE INFORMATION:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                                Last                                First                                Int.

Address: \_\_\_\_\_  
                                Street                                City                                State                                Zip

Date of Employment: \_\_\_\_\_ Department: \_\_\_\_\_

Present Position: \_\_\_\_\_

**REQUEST FOR APPROVAL:**

Title of Course: \_\_\_\_\_ College Credits or Certificate  
\_\_\_\_\_  
\_\_\_\_\_

Starting Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Cost of Tuition: \_\_\_\_\_

Estimated cost of standard fees and text books \_\_\_\_\_

**EDUCATIONAL INSTITUTION (Name and address must be complete):**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
  Street  City  State  Zip

Do you plan to meet requirements for a degree: Yes \_\_\_\_\_ No \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

- NOTE:
- A. Submit this completed form to your manager for approval.
  - B. Present this approved form to the Human Resources Department prior to the beginning of the course of study desired.
  - C. Reimbursement of tuition will be based on successful completion of course and grade received, if employed. Reimbursement requests must be made within 30 calendar days after completion of course.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_