## FERMI NATIONAL ACCELERATOR LABORATORY TUITION ASSISTANCE REQUEST

SECTION 1: EMPLOYEE													
Employee's Name (as it appears in the Fermilab online directory)   ID#   Job Title													
Division/Section/Group		Mail Station	Extensio		Employme Status:		Regular, Full-Time   Regular, Part-Time   Hours per week _   Co-Op Student			week			
Name of Col	llege/University	,	Type	of Course	•								
						Graduate 🗌 Undergraduate 🗌							
Course #	e # Course Title					Credi	Credit Hours Begin Date End Date Total Tuition and Fe MM/DD/YY MM/DD/YY						
Will this coursework apply to a degree program? Yes     No     If yes, have you submitted an Approval for Degree Program form for this coursework? Yes, previously       Yes, attached     If yes, have you submitted an Approval for Degree Program form for this coursework? Yes, previously													
Type of Degree:     Major Field     Total Hours Required for Degree:     Total Hours Completed:													
(Ph.D., M.S., B.S., etc.) (If the coursework does not apply to a degree program, describe the job-related reason for enrolling in the course in a memo signed by your supervisor and attached to this form.)													
Are you receiving VA or other educational financial support? Yes I If yes, what is the source and amount?													
ADVANCE AMOUNT REQUESTED FOR TUITION AND FEES \$													
(Book fees are reimbursed after an original itemized receipt is submitted to the Professional Development Department, MS 124).													
Conditions for receiving a tuition advance: Fermilab reserves the right to withhold the full amount of the tuition advance from your paycheck if the tuition advance has not been adequately accounted for (i.e., satisfactory grades and complete receipts have been submitted within 60 days after the completion of the course.) If you terminate before completing the coursework, the advance is due immediately.													
I have read and understand the Fermilab Tuition Assistance Policy and agree to the terms outlined above.													
Employee's Signature Date													
	2: GROUP LEAD	ER AUTHORI	IZATION										
Check one:     This coursework maintains or improves skills required in the employee's current position.     Yes     No       Check one:     This coursework will qualify the employee for a new trade or business, or is needed to meet     Yes     No													
the minimum education requirements of the employee's current position.													
Supervisor/Group Leader (print name and sign)   Project/Task Code Number   Date													
SECTION 3	3: PROFESSIONA	L DEVELOP	PMENT DEPAR	TMENT									
TUITION ADVANCE: Date Amount \$							Payable to:						
BOOKS REIMBURSED: Date  Amount \$  Payable to:													
Advance Approved   Taxable: Yes No     Professional Development Department Manager   Date													
RECORD O	F GRADES		FINAL PAYN	MENT									
							Tuitic Fees	on					
		Due Employee	e 🗌				Book						
		Due Laborator	ry 🗌					Advance					
Close Out Approval						Date							