Please send completed form with Dept Head signature to your Human Resources Business Partner for processing.



Morehouse School of Medicine Tuition Assistance Request Form				
Employee Name:		Date:		
Department:		Job Title:		
Name of School:		Proposed Course is (check all that apply): Undergraduate Course/Credit Graduate Course (Must be MSM)		
Course Title	Course Number	Credit Hours	Tuition & Fees	
Course Dates From:	То:	Are Course(s) for Credit Leading to a Degree? ☐ Yes ☐ No		
Name of Diploma/Degree:		Major Field of Study:		
ATTACH supporting documentation	addressing the fo	llowing questions and any other	er comments:	
1. How does the proposed course	of study relate to y	our job assignment/position d	luties?	
2. How will the course-provided kr position?	nowledge/techniqu	es improve your performance	and be useful for your	
3. If the course meets during your	normal work hours	s how will your work schedule	be adapted?	
I have read and understand the Tuition Reimbursement Policy and agree to the terms of the policy.				
Employee Signature:		Date:		
REVIEW AND SIGNATURES:				
Employee Department Head will review, sign off and forward to Human Resources Business Partner, even if NOT approved.				
If approved Administration will send copy to employee. Human Resources will also e-mail notice of approval to the employee and employee's supervisor.				
If NOT approved Human Resources will inform both parties of the decision.				
Department Head Signature:		Date:		

Approved	Denied □	If denied, state reason:		
Human Resources Signature:	;	Date:		
Approved □	Denied □	If denied, state reason:		
Office Use Only:				
□ Required signatures				
□ Copy of tuition bill				
□ Copy of class schedule				
□ Course justification				
□ Reimbursement/Waiver made to employee				