

**Tuition Assistance Request Form**

For Eligible Employees of the Mass. Institute of Technology

**Instructions:** This form should only be completed if you cannot use the employee self-service (ESS) Web application at <http://web.mit.edu/sapwebss/>. After you have successfully completed a course that meets the criteria for reimbursement under the Tuition Assistance Plan, submit this form plus your proof of payment and proof of successful completion to the Human Resources Department in E19-215 or the Lincoln Lab Benefits Office in S2-170. Please fill out a separate form for each course that you have successfully completed.

**Employee Information**

Name \_\_\_\_\_ MIT ID No. \_\_\_\_\_

MIT Address \_\_\_\_\_ MIT Extension \_\_\_\_\_ Dept. or Lab. \_\_\_\_\_

**Paid By:**

- Campus
- Lincoln Fiscal Office

**Work Schedule:**

- Full-time
- Part-time (benefit will be pro-rated)

Is this your first application for the Tuition Assistance Plan?  Yes  No (If yes, you may be eligible for the First Course Prepayment benefit.)

**School Information**

Name \_\_\_\_\_

**Course Information**

Course Title \_\_\_\_\_ Course Number \_\_\_\_\_ Credit Hours \_\_\_\_\_

Course Starts \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Course Ends \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Number of Class meetings \_\_\_\_\_

**Type of Course:**

- Graduate
- Undergraduate
- On-line Distance Learning
- Other

If Other, please describe \_\_\_\_\_

Is this course part of a degree program in which you are enrolled?

- Graduate  Yes  No
- Undergraduate  Yes  No

Will this course qualify you for a job other than your current one?

- Yes  No

Course Tuition \$ \_\_\_\_\_  
 Type of Fee \_\_\_\_\_ \$ \_\_\_\_\_  
 Type of Fee \_\_\_\_\_ \$ \_\_\_\_\_  
 Type of Fee \_\_\_\_\_ \$ \_\_\_\_\_  
 (Note: Books, materials, software, payment plan fees, etc. are not covered.)  
 Less Other Aid (if applicable) \$ ( \_\_\_\_\_ )  
 Total Request \$ \_\_\_\_\_

Less First Course Prepayment (if applicable) \$ ( \_\_\_\_\_ )  
**Authorized Reimbursement** \$ \_\_\_\_\_

FOR OFFICE USE ONLY	
<b>Taxable Amount</b>	<b>Reimbursed by</b> _____
	<b>Reimb. date</b> _____
\$ _____	

**Please specify your area of study.** For definitions of the areas of study, refer to the section in the Tuition Assistance Plan booklet entitled "Areas of Study."

- First Degree: Type of degree: \_\_\_\_\_
- Career-Related: Requires a Career Development Proposal
- Job-Related
- Career Counseling/Coaching: Requires a One-paragraph Statement of Goals

I hereby certify that the information I have provided on this form is truthful and accurate.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_