



**1. EMPLOYEE INFORMATION:**

Name

MIT ID	Email Address
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Is this your first application for Tuition Assistance Plan benefits?  Yes  No

**2. SCHOOL INFORMATION:**

School Name

**3. COURSE INFORMATION**

<b>Course Title</b>	<b>Course Number</b>	<b>Credit Hours</b>
<b>Number of Meeting Days</b>	<b>Course State Date</b>	<b>Course End Date</b>
<b>Type of Course</b> <input type="checkbox"/> Graduate <input type="checkbox"/> Distance Learning <input type="checkbox"/> Undergraduate <input type="checkbox"/> Other _____	<b>Is this course part of a degree program?</b> <input type="checkbox"/> Yes, Graduate <input type="checkbox"/> Yes, Undergraduate <input type="checkbox"/> No	
<b>Area of Study</b> <input type="checkbox"/> Job-Related <input type="checkbox"/> Career-Related <input type="checkbox"/> First Degree: Type of Degree _____ <input type="checkbox"/> Career Counseling/Coaching		
<b>Course Tuition</b>	\$ _____	
<b>Eligible Fee</b>	\$ _____	
<b>Eligible Fee</b>	\$ _____	
<b>Total Tuition Request</b>	\$ _____	

**4. CERTIFICATION:**

I hereby certify that the information I have provided on this form is truthful and accurate and that I have not included any nonreimbursable expenses such as books, materials, recertification programs, and license renewals.

<b>Employee Signature</b>	<b>Date</b>
Processed by	Processed Date