

Tuition Reimbursement Program Enrollment Form

Employee Name: _____ Department: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____
Full-time Employment Date: _____

I would like to enroll in the course listed below under the company's Tuition Reimbursement Program. I fully understand that I must complete each line of this Application and that I must pay the cost of tuition in advance. I understand that upon successful completion of the course with a grade of C (or better) or passing status (for pass/fail courses only), the company will reimburse me for tuition only up to a maximum of **\$5,250 during each calendar year**. I further understand that reimbursement will not cover the cost of books, fees, or other expenses.

When the course is completed, I will submit receipts and evidence of satisfactory completion to Ryman before reimbursement will be made. I also understand that I must be a full-time employee of Ryman at the time I submit receipts and evidence of satisfactory completion in order to qualify for reimbursement.

I also understand that if my employment is terminated either voluntarily or involuntarily within one year of reimbursement of the tuition, then I must repay Ryman the cost of tuition reimbursement. I also understand and agree to the terms of the Program and state that the information below is accurate and correct.

Date Submitted: _____ College/University: _____
Course Title: _____ Degree Being Sought: _____
Job-related Reason for Taking Course: _____

Course Start Date: _____ Course Completion Date: _____
Tuition Costs: \$ _____
Scholarships/Grants: \$ _____
Net Cost: \$ _____

Applicant Signature: _____

Job Title: _____ Department: _____

Department Head Comments/Recommendations: _____

Department Head: _____ Job Title: _____

Signature: _____ Date: _____

Approved

Total Rewards Signature: _____

Denied

Job Title: _____