## **Tuition Reimbursement Program Enrollment Form**

Employee Name:				Department:			
Address:			City:		State:	Zip:	
Phone Number:			Email:				
Full-time Employme	nt Date:						
I would like to enroll in that I must complete e successful completion maximum of \$2,000 per reimbursement will not	ach line o of the cou er semes	of this Applica urse with a g <b>ter</b> and <b>no n</b>	ation and th grade of Co <b>nore than</b>	that I must pay the cost or better, the compant \$4,000 during each	st of tuition ny will reim	n in advance. I not not in advance. I not to the second contract to	understand that upon uition only up to a
When the course is co reimbursement will be and evidence of satisfa	made. I a	also understa	and that I m	must be a full-time em	nployee of		
I also understand that of the tuition, then I mule Program and state that	ust repay	Ryman the c	cost of tuition	ion reimbursement. I a			
Date Submitted:				College/Universit	.y:		
Course Title:	e Title:			Degree Being Sou	ght:		
Job-related Reason f	or Ta <u>king</u>	Course:					
Course Start Date:				Course Completion	n Date:		
Tuition Costs:	\$						
Scholarships/Grants	s:   \$		<u></u>				
Net Cost:	\$		<u>—</u>				
Applicant Signature:							
Job Title:	Dep	artment:					
Department Head Co			-dations				
Department nead of	)IIIIIIE1113,	Kecommen.	<u>uduviis.</u>				
Department Head:				Job Title:			
Signature:				Date:			
Appro	ved	HR Sign	ature:				
Decli	ned	Job Title	<u>;:                                    </u>				