# Request for Tuition Reimbursement from a Non-USM or Non-Reciprocal Institution

Faculty/Staff Member: _____Attending Institution: _____

Course Number and Title: _____ Tuition Amount: _____

## Section I – Faculty/Staff Certification

I am requesting tuition reimbursement from a non-USM or non-reciprocal two or four year institution. In accordance with USM Policy VII-4.10, Tuition Remission and Tuition Reimbursement for Regular Staff and Faculty Employees, I understand and certify the following:

- The course is job-related and will contribute to my job performance.
- The course is not available at any USM or reciprocal institution.
- Operations and resources permit my enrollment in and reimbursement for the course.
- My eligibility for reimbursement is limited to one course per semester, not to exceed four credit hours.
- My department head or chair must submit this request to the Office of Human Resources (OHR) at least two weeks prior to the first class meeting of the course. Advance approval by OHR is required in order for me to receive reimbursement for the course.
- I am responsible for paying tuition and related fees to the attending institution.
- Course fees and expenses, other than tuition, are not reimbursable.
- When I submit the request for reimbursement, I must attach documentation of the tuition amount to be reimbursed and receipt of a grade of "C" or better in the course.
- If I am enrolled in courses at a USM or reciprocal institution, total enrollment is limited to 8 credits per semester, which includes the course I am requesting under the reimbursement policy.
- Reimbursement of an approved course, per credit hour, is limited to the amount currently charged for a graduate credit hour at the University of Maryland College Park.
- If this course is required by my department, I may be absent from work for no more than one-half day on days when classes are scheduled and I will not be required to make up time away from my job at Towson University on class days.
- If the course is not required by my department, I will enroll in a class that meets during non-work hours, if feasible. If I am absent from work to attend the class, I understand I must either use applicable accrued leave or make up any hours of work lost.

_____ _____

Signature of Faculty/Staff Member Date Signed

Section II - Department Head/Chair Statement

I recommend that _____ be permitted to attend the class described on page one of this request and certify the course meets the criteria outlined in this document.

Please check the applicable section below.

[ ] This course is job related, required, and will contribute to the faculty/staff member's job performance. The course may be scheduled during work hours for no more than one half-day on days when classes are scheduled. The faculty/staff member is not responsible for making up time away from work on class days.

[ ] This course, although job related, is not mandatory. If the course cannot be scheduled outside of work hours, the faculty/staff member will either use applicable accrued leave or make up any hours of work lost.

Upon completion of the course and review of required documentation, I agree to reimburse the faculty/staff member for the tuition charges if the faculty/staff member obtains a grade of "C" or better in the course. The reimbursement will be made from department funds through the department's regular reimbursement process.

_____ _____

Signature of Department Head/Chair Date Signed

Section III – OHR Review

The employee is a regular full-time non-exempt staff member or exempt staff/faculty member.

This request is

[ ] Approved

[ ] Denied. Reason_____

_____ _____

Signature of OHR Representative Date Signed