**UNIVERSITY OF MINNESOTA CROOKSTON**

**EMPLOYEE ADVANCED DEGREE TUITION REIMBURSEMENT PROGRAM**

***APPLICATION FORM***

The Employee Advanced Degree Tuition Reimbursement Program is designed to increase skill and educational credentials of eligible faculty and staff that assist in the attainment of campus strategic priorities, facilitate recruitment and retention of faculty and staff, and support a continuing culture of excellence through educational investments in UMC employees. The program provides for reimbursement, dependent on funding, for up to 75% of tuition costs of college/university credit bearing courses (A-F or S-N grading) that are part of an approved program of study leading to an advanced degree taken at regionally accredited institutions of higher education other than the University of Minnesota system. Individuals whose applications have been approved will receive a lump-sum reimbursement of 25% of covered costs after the end the calendar year and subsequent calendar years in which the employee continues to meet eligibility until the maximum amount approved has been reimbursed. Refer to Employee Advanced Degree Tuition Reimbursement Program (dated 2/15) located at the UMC Office of Human Resources web site for complete guidelines and procedures.

**Eligibility:** Faculty and staff employees who 1) have worked at the University of Minnesota Crookston on a full-time basis for at least one academic year and 2) hold a 75 to 100 percent time, 9-month or greater appointment for the academic year in which course work has been successfully completed. Registration must be for credit-bearing courses for which admittance eligibility is met. Read program details for additional explanation of benefits, process, restrictions, etc.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appointment percentage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start date at UMC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date accepted in program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credits: \_\_\_\_\_\_\_\_\_

Course title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credits: \_\_\_\_\_\_\_\_\_

Course title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credits: \_\_\_\_\_\_\_\_\_

I understand this is a taxable benefit. If information is falsified on this form, I will lose program privileges and be subject to further disciplinary action.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Applicant Date*

I verify this person is eligible for this program, and I approve this person’s application.

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*Signature of Supervisor/Responsible Administrator Date*

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*Approved - Chancellor’s Signature Date*