

McLaren Print System Order

Order No: 7503  
Order Date: 2014-12-05  
User: Shardae Marshall  
Phone: 810-342-2333

Ship Location: Human Resources- Shardae Marshall  
401 S. Ballenger Highway  
Flint, MI 48532

Forms  
Quantity: 100  
Paragon Dept No: 90110  
Dept Name: Human Resources  
Company Number: 60

Order Total Price: 22.90

Item Number: M-386  
Item Description: Application for Tuition Reimbursement  
Revision Date: 4/2013  
Print: 2 sided full color  
Paper: 32# Color Copy Text  
Size: 8.5 x 11  
Fold:  
Finish:  
Drill:  
Misc Info:

APPLICATION FOR TUITION REIMBURSEMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Dept: \_\_\_\_\_  
Name of College or University: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Course Title & Number	Credit Hours	Start Date	End Date	Tuition

(Attach copies of documents verifying information.)

- Are the courses part of a degree or certificate program to which you have been accepted?  Yes  No  
If no, please identify the program and your current status with that program.

- Please identify the educational level of the course(s) identified above.  
 Non-Degree  Associate  Bachelors  Post Graduate  Others

- Are you receiving financial assistance from any other sources for the courses or program identified above?  
If so, please describe the source, amount, and uncovered balance of tuition costs.

- Have you received tuition reimbursement for any other class(es) this calendar year  
(calendar year is January 1 - December 31)?  Yes  No

I hereby request tuition reimbursement from McLaren File under its Tuition Reimbursement Policy for the course(s) identified above. I understand that to be eligible for reimbursement, I must receive approval in advance, I must successfully complete the class, and that I must submit my final grade and tuition receipt within 60 days of the completion of the class. I certify that, to the best of my knowledge, the information provided above is true and correct. I understand and agree that if I voluntarily leave McLaren File within 6 months of receiving reimbursement, I must repay the tuition reimbursement to McLaren File and that the reimbursement will be deducted from my last paycheck.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  
Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Disapproved  
Human Resources Dept: \_\_\_\_\_ Date: \_\_\_\_\_ (Circle 3 explanation)