



NON-NOTRE DAME TUITION REIMBURSEMENT

Name: Date:

NDID: 9 Campus Phone

Department: Position:

UNDERGRADUATE OR GRADUATE COURSE:

Accredited educational institution Degree Program (e.g.: BA, MA, MBA)

Anticipated Degree Graduation Date Hrs Completed Toward Degree

Course Title

Explain course relevancy to current position

Check One: Fall Semester Spring Semester Summer Semester

Tuition Rate per Credit Hour Number of Credit Hours for Course Total (tuition only)

Undergraduate Graduate

SKILLS TRAINING OR CERTIFICATION

Class Certification Title

Organization/Institution

Date of Class(es)

Fee/Instruction Cost

APPROVAL SECTION

Employee's Signature: Current Date:

Academic study must not infringe upon services expected of the staff and faculty. Approval of the supervisor is required.

SUPERVISOR APPROVAL

Supervisor's Printed Name: Title:

Supervisor's Signature: Current Date: