



## 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: