

CALTECH Tuition Reimbursement Plan

APPLICATION FOR ACADEMIC PROGRAM APPROVAL – FORM 15-15A

The applicant is responsible for ensuring that this request reaches Human Resources prior to course enrollment

Employee Information

Name _____ UID# _____

Mail Code _____ Ext. _____ E-mail _____

Dept/Div _____ Job Title _____

Date of Hire _____ Scheduled Hrs/Wk _____ Supervisor _____

Description of job duties _____

Academic Program Information

School _____ Location _____

Work schedule (hrs/wk) while attending school _____ Anticipated Completion/Graduation Date _____

Educational Goal: ___AA ___BA ___BS ___Additional Training: _____

___MA ___MS ___MBA ___PhD ___Other: _____

Field of Study/Major: _____ *Job Related?* ___No ___Yes

.....
___Certificate: _____ Accrediting Organization _____

Is this certification recognized in the industry? ___No ___Yes *Job Related?* ___No ___Yes

.....
Will you receive any grants, scholarships or VA Benefits to support your tuition? ___No ___Yes

If yes, please provide documentation.

Applicant's Signature

Date

DIVISION/DEPARTMENT CONCURRENCE

This employee meets the eligibility requirement, as stated in PM 15-15, for participation in the Tuition Reimbursement Plan and is recommended for enrollment.

Supervisor's Signature

Concurrence: Department Manager/Division Chair

HR APPROVAL: _____ Date: _____ Annual Maximum: \$ _____
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