



## TUITION REIMBURSEMENT REQUEST

Student ID or SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name: \_\_\_\_\_ For Year: \_\_\_\_\_ For Semester: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My hand-written signature authorizes the Registrar's Office to release the information listed below.  
**Note: we do not accept electronic font for your signature. Signatures must be hand-written.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**List the courses for Tuition Reimbursement only.** If you would receive an Incomplete in any of the courses listed below, your Tuition Reimbursement Request **will be held** until a Satisfactory is recorded for that course.

Dept & Course	Title	Credits	Instructor Name
<i>ex: MSN-600</i>	<i>Orientation to MSN Program</i>	<i>0</i>	<i>First Name Last Name</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**My employer requires the following (check only one):**

- A statement indicating I successfully completed the course(s) taken during the year/semester indicated above. Statement is due to my employer by: \_\_\_\_\_
- A letter that provides grade point equivalency (GPE). I understand this letter is sent to employers only and is not issued to students. Letter is due to my employer by: \_\_\_\_\_

<b>Address Letter to</b> Company Name: _____ Attention: _____ Address: _____ City: _____ State _____ Zip _____	<b>Mailing Address</b> Please complete if different than employer Name: _____ Address: _____ City: _____ State _____ Zip _____
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Return your form using a method below. Please call after submitting to ensure your request was received.

**Registrar's Office**  
 Alverno College  
 PO Box 343922  
 Milwaukee, WI 53234-3922

**Phone: 414-382-6370**  
**Fax: 414-382-6478**  
[registrar@alverno.edu](mailto:registrar@alverno.edu)

OFFICE USE ONLY
Date Received _____
Initials _____
Date Completed _____