

TUITION REIMBURSEMENT LETTER REQUEST
(Must be completed each semester)

ALVERNO COLLEGE
Registrar's Office – FO 144
Fax: (414) 382-6478
Email: registrar@alverno.edu

Name _____ ID# _____ Home Phone _____
Address _____ Work Phone _____

Semester year _____ Fall _____ Spring _____ Summer _____

List Courses for Tuition Reimbursement only.

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

<u>Dept & Course</u>	<u>Title</u>	<u>Sem Hr</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I request the following information for my employer whose name is listed below (Check A or B)

 A A statement indicating that I successfully completed the course(s) taken during the semester indicated above. Successful completion means C or Better for undergraduate credit and B or Better for graduate credit.

Address Letter to:

Company Name _____
Attention _____
Company Address _____
City, State, ZIP _____

Mail Letter to:

Please complete if different than employer
Name _____
Address _____
City, State, ZIP _____

 B My company requires letter grade equivalents.

This letter is due to my employer by _____.

Signature _____

Date _____

INCOMPLETE FORMS WILL BE RETURNED TO STUDENT

<u>Office Use Only</u>
_____ Date Received
_____ Initials
_____ Date Completed