Tuition Reimbursement Program
Reimbursement Request Form

This form must be received by the Yale University's Tuition Assistance Service Center no later than 90 calendar days after the course end date.

Employee Information

Name:_____ Yale UPI: _____

Address:_____
Street City State Zip Code

Home Phone: (____) _____ Work Phone: (____) _____ Fax: (____) _____

Employment Date: ____ / ____ / ____ Department: _____ Email Address: _____

Job Category: _ Managerial & Professional _ Service & Maintenance _ Clerical & Tech

Currently Employed at Yale: _ Yes _ No Are you on a Paid Leave: _ Yes _ No

Course/Program Information

Degree Seeking:

☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate ☐ Job-Related/Non-Degree*

Major: _____ Name of Educational Institution:_____

Institution Address: _____
Street City State Zip Code

List the course numbers and titles as they appear in the school catalog.

Course Number	Course Title	Course Start Date	Course End Date	Grade	Fees	
					Tuition	Laboratory

Other Aid
If you will be using other aid to pay for studies, list the type and amount awarded here (VA, scholarship, grant, etc.):

_____

Employee Conditions Information and Supervisory Approval Information

I have completed the above course(s) and meet the requirements for reimbursement. I authorize the educational institution to release to the Yale University Tuition Assistance Service Center, upon Yale University Tuition Assistance Service Center's request, all records concerning my education or financial assistance as it pertains to this application.

Employee Signature: _____ Date: _____ / _____ / _____

***Supervisory Approval Information**

I certify that the above course(s) are non-degree, I understand that to be considered job related, the course(s) enhance the employee's ability to perform the current duties of the job or other jobs in the employee's immediate career path at Yale and do not qualify the employee for a new career profession.

_____ _____ Date: _____/_____/_____
Supervisor's Name and Department *(print)* Supervisor's Signature

You must submit this form and the following documentation:

☐ Grade Report
☐ Verification of Course Start and End Dates
☐ Itemized Tuition Bill

Receipts that reflect a lump sum are not acceptable.

Submit this form and documentation to:

ADP Benefit Services
Yale University Tuition Assistance Service Center
2835 South Decker Lake Drive
Salt Lake City, UT 84119
Phone Number: 1-800-770-7985 **FAX No. 1-888-421-6945**

You will receive your reimbursement approximately two to three weeks after the Tuition Assistance Service Center receives the necessary documentation. To view the status of your reimbursement request access Yale's Tuition Assistance information at http://learn.caim.yale.edu