TUITION SUPPORT REQUEST

UNIVERSITY OF MICHIGAN

PERSONAL INFORMATION

Last Name:	First Name:	Middle Name:
UMID:	Department:	

Procedures stated in the Tuition Support SPG 201.69 must be followed to allow payment of the request. If you must have approval of this request before registering, this form must be submitted to your supervisor at least 20 University business days before registration. Be sure to give all information requested. *Please keep a copy of this form for your records.*

Date of Hire (Service Date):	Classification Title:	☐ Full-Time ☐ Part-Time	Appointment Fraction:

Degrees Received:

Eligible for Veterans Benefits: ☐ Yes ☐ No

Eligible for Scholarships: ☐ Yes ☐ No

If yes, source and amount:

Institution you plan to attend:

Course Name:	Course Number:	Credit Hours: ☐ Undergraduate ☐ Graduate *	Final Grade:
Course Name:	Course Number:	Credit Hours: ☐ Undergraduate ☐ Graduate *	Final Grade:

How is this course work related to your job or career objectives at the University?

If a degree program, give degree, area of specialization and how course is related to the degree (required, elective, etc.)

Tuition and Registration Fees: $ _____ *(Not to include application fees, lab fees, books or other materials.)*

Tuition Reimbursement: ☐ Yes ☐ No Tuition Advance: ☐ Yes ☐ No If Tuition Advance, date course ends: _____

Date and amount of Tuition Support Payments received this calendar year (Jan 1-Dec 31).	Date:	Amount:	Date:	Amount:

I hereby certify the above information is correct, that I qualify for support under the Tuition Support Program at the University of Michigan as set forth in SPG 201.69 and that I have declared (above) any other sources from which tuition support could be obtained. Where a tuition support payment is paid in advance, and in the event I do not successfully complete the course (as defined in section II.A.) or do not provide the required documentation in a timely manner (as set forth in section II.G.), I authorize the Payroll Department to deduct the full amount of the tuition advance from my future paycheck(s). Deductions may be taken over a maximum six-month period, and no additional Tuition Advances will be paid until all deductions have been processed. I further understand that if I leave the University before successfully completing the course, or before providing the required grade report and paid bill or receipt to my supervisor, or before reimbursing all amounts owing under this policy, I am obligated to repay the full amount of the advance to the University immediately. If I have not done so before my last day at work, I authorize the University Payroll Office to deduct the full amount owing under this policy from any remaining regularly scheduled paychecks to the extent permissible by law and understand that I remain liable for any balance.

NOTE: Tuition reimbursements for Graduate Studies are subject to taxation. Please see SPG 201.69-0 for current amounts.

Employee Signature:	Date:

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ADMINISTRATIVE ACTION

Calculation of Employee's Tuition Support:

Tuition and Registration Fees: $ _____ x 75% = $ 0.00 x Appointment Faction _____ = $ 0.00

Amount approved for payment: $ 0.00 ☐ Disapproved

Reason Disapproved:

I hereby certify that I have read SPG 201.69 and that the above request for Tuition Support is in compliance with the guidelines.
Note: Sponsored Research Accounts cannot be charged. (See SPG 201.69.II.H.)

Authorized Signature:		Shortcode:
Print Name:	Campus Address:	Campus Phone:

FLINT, DEARBORN, AND MEDICAL CENTER APPROVAL

(The Special Payment Form must be attached to this form.)

Comments:

☐ Approved ☐ Denied	Reason for Denial:	
By:	Date:	Date to Payroll: