

**Hamilton College Tuition Assistance Plan**

**Tuition Reimbursement Request**

**(Off-campus study for job-related degrees/courses)**

Name:       Dept.

Semester:

List course(s) taken:

Course 1:       Course 2:

Course 3:       Course 4:

Course 5:       Course 6:

I hereby request tuition reimbursement under the terms of the Hamilton College Tuition Assistance Plan. Attached is the invoice showing tuition as a separate line item and a transcript of my grade(s).

*Employee Signature Date*

*Supervisor’s Signature Date*

**Tuition Reimbursement Approval**

***(to be completed by Human Resources)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tuition reimbursed YTD 2025 | $ |  | Full tuition | $ |
| Reimbursement requested(see calculation to the right) | $ | Full tuition X 50% (or 100%) | $ |
| Total tuition reimbursed YTD 2025 | $ | % work schedule | % |
| Taxable amount ($5250 – YTD amt.)(applies to graduate courses only) | $ | Amount to be reimbursed(50% tuition x % work schedule) | $ |

Eligibility for tuition assistance confirmed for above period of study.

Confirmed by

###  Employment Manager, Human Resources Date

cc Business Office