



UNIVERSITY
OF MANITOBA

TUITION FEE REMISSION FORM

UNIVERSITY OF MANITOBA DEGREE-CREDIT COURSES & GRADUATE PROGRAMS FOR SUPPORT STAFF

PART A. PERSONAL INFORMATION (all information is required)

Name: _____ Employee #: _____ University Start Date _____
 Department: _____ Employee Group: _____ Phone# _____
 Faculty/Unit: _____ E-mail address: _____

PART B. COURSE INFORMATION

Instructions: The Course # consists of a 7-8 character alphanumeric code (e.g., HIST 1000 or ACC 4500).
 Tuition: Refers only to the amount for tuition. Additional fees (i.e. lab fees, etc...) will not be covered.

Option 1: Undergrad/Post-Baccalaureate Courses (courses numbered 1000-6999)

Course #	Course Name	Tuition
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

Start Date: _____ End Date: _____

Option 2: Graduate Courses

Graduate Program _____ Program Fee \$ _____

*** COURSES TAKEN DURING NORMAL WORKING HOURS***

If a course is to be taken during normal working hours, please ensure that you have engaged your supervisor/manager/director for approval as well as any arrangements for loss of time.

PART C. REQUIRED DOCUMENTATION

Mark Statement / Proof of Completion. Attached
 Account Summary. Attached

PART D. SIGNATURE - Signature confirms that all the information contained on this form is correct.

SIGNATURE _____ Date: _____

FOR COMPLETION BY LEARNING & ORGANIZATIONAL DEVELOPMENT

Date Received _____ Fiscal Year _____ Approved: Yes No

- Passed probationary period:
- Full Time Continuing
- Minimum 1 year of service
- Added to Database

Graduate Fee \$ _____ OR

1) Course tuition:	\$ _____
2) Course tuition:	\$ _____
3) Course tuition:	\$ _____
4) Course tuition:	\$ _____

Signature: _____ Date: _____

FOP to be charged: **110000 – 520701 – 1200** TOTAL REIMBURSEMENT: \$ _____