

Instructions for submitting your Application for Undergraduate Tuition Fee Reimbursement

- Complete this form if you are a support staff employee and applying for undergraduate tuition fee reimbursement.
- Submit this form prior to, or at the time of, registering for your course(s).
- To be eligible for undergraduate tuition fee reimbursement, you must meet the eligibility requirements listed in [Governing Documents Staff, section 2.1.1](#).
- Make a copy of this form for your records.
- Please scan this form and email to: Lynn.Bohonos@umanitoba.ca prior to, or at the time of, registering for your course. You will receive a prompt reply as to your eligibility for reimbursement. Please retain a copy of that reply for your records.

For information on the Reimbursement Procedures, please see [Governing Document Staff, section 2.1.3](#).

For questions or more information, please contact

Lynn Bohonos



University of Manitoba

TUITION FEE REIMBURSEMENT FORM

UNIVERSITY OF MANITOBA UNDERGRADUATE COURSES FOR SUPPORT STAFF

PART A. PERSONAL INFORMATION

Name: _____ Employee #: _____
 Department: _____ Faculty / Unit: _____
 UM Email Address: _____

PART B. COURSE INFORMATION

Instructions: Complete separate forms for Fall, Winter & Summer terms
 Six (6) credit hour courses must be submitted on separate forms

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

Start Date: _____ End Date: _____

***** COURSES TAKEN DURING NORMAL WORKING HOURS*****
 Ensure that you have approval from your one over for loss time

PART C. EMPLOYEE SIGNATURE

SIGNATURE _____ Date: _____

PART D. 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	Required Documentation Proof of Completion (Mark Statement)	1) Course Tuition: \$ _____ 2) Course Tuition: \$ _____ 3) Course Tuition: \$ _____ 4) Course Tuition: \$ _____
	Proof of Payment (Account Summary)	

Signature: _____ Date: _____

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