



1. EMPLOYEE INFORMATION:

Name

MIT ID	E-mail Address
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Is this your first application for Tuition Assistance Plan benefits? Yes No

2. SCHOOL INFORMATION:

School Name

3. COURSE INFORMATION

Course Title	Course Number	Credit Hours
Number of Meeting Days	Course Start Date	Course End Date
Type of Course <input type="checkbox"/> Graduate <input type="checkbox"/> Distance Learning <input type="checkbox"/> Undergraduate <input type="checkbox"/> Other _____	Is this course part of a degree program? <input type="checkbox"/> Yes, Graduate <input type="checkbox"/> Yes, Undergraduate <input type="checkbox"/> No	
Area of Study <input type="checkbox"/> Job-Related <input type="checkbox"/> Career-Related <input type="checkbox"/> First Degree: Type of Degree _____ <input type="checkbox"/> Career Counseling/Coaching		
Course Tuition	\$ _____	
Eligible Fee	\$ _____	
Eligible Fee	\$ _____	
Total Tuition Request	\$ _____	

4. CERTIFICATION:

I hereby certify that the information I have provided on this form is truthful and accurate and that I have not included any nonreimbursable expenses such as books, materials, recertification programs, and license renewals.

Employee Signature	Date
Processed by	Processed Date