



## Annual Application Form Staff Tuition Reimbursement Program

The University of Northern Iowa requests this information for the purpose of processing your request in accordance with the [Staff Tuition Reimbursement Program 4.75 Policy](#). No persons outside the University are routinely provided this information. Release of any information is governed by the Board of Regents rules and applicable state and federal statutes. If you do not provide the required information, the University may be unable to process your request. Please complete all items on the application. This application must be completed annually and received by Human Resource Services no later than July 1. In addition, the [Semester Request](#) form must be completed for each academic semester or term.

Section I – Employee Information			
Name: _____		University ID: _____	
Department: _____		Campus Phone: _____	
Campus Address: _____		Mail Code: _____	
Campus Email: _____			
<input type="checkbox"/> Merit <input type="checkbox"/> P&S		<input type="checkbox"/> New Applicant?	
Section II – Reimbursement Request			The Academic Year runs Fall through Summer
Current Student Status: <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate			Academic Year: _____
Major/Certification: _____			
Institution through which you are enrolled: _____			
Semester / Term			
Description (e.g., Fall, Spring, Summer)	Start Date	End Date	Requested # of Credit Hours
<b>TOTAL Academic Year Credit Hours</b>			
*No more than 6 credits per term and 12 credits per year may be reimbursed.			
If pursuing a graduate degree, describe how the major/certification relates to your UNI position duties and/or requirements leading to the development of skills and/or knowledge needed by the institution. If Merit, you may also describe how it relates to other State Agency job opportunities.			
Section III – Employee Certification			
<i>I certify that I have met all the <a href="#">Staff Tuition Reimbursement Program</a> eligibility, funding, and program requirements.</i>			
_____			_____
(Signature of Applicant)			(Date)
Section IV – Department Head’s Approval			
<i>I certify the above major/certification relates to: 1) the Merit staff member’s UNI position duties and/or requirements leading to the development of skills and/or knowledge needed by the institution or another State Agency; or 2) the P&amp;S staff member’s course relates to their position duties at UNI and/or requirements leading to the development of skills and/or knowledge needed by institution; unless the employee is pursuing an undergraduate degree. Check one of the following:</i>			
<input type="checkbox"/> I Approve			
<input type="checkbox"/> I Deny                      Reason(s) for Denial: _____			
_____			_____
(Signature of Department Head)			(Date)

Please return this form to Human Resource Services, 0034, no later than July 1.

Revised 11/2012