



Semester Request 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 this form. A separate form must be completed for each academic term and the [Staff Tuition Reimbursement Program Annual Application](#) must be completed annually. If a staff member receives a grade of RC they have one year from the course start date to complete their research and submit a grade to Human Resource Services.

Section I – Employee Information

Name: _____ University ID: _____
Department: _____ Campus Phone: _____
Campus Address: _____ Mail Code: _____
 Merit P&S If a new applicant, please first complete the [Staff Tuition Reimbursement Program Annual Application](#) form.

Section II – Course Information

Current Student Status: Graduate Undergraduate Academic Year: _____
Semester/Term: Fall Spring Summer Other: _____
Institution through which you are enrolled: _____

Course Title (Applicable toward degree or certification)	Course #	Course Start Date	Course End Date	Days	Time	Credit Hours*

*No more than 6 credits per term and 12 credits per year may be reimbursed.

Total **tuition** charges for courses listed above: _____
(Do not include mandatory fees or surcharges.)
Total of other tuition financial aid awarded: _____
(Do not include loans.)

Section III – Employee Certification

I certify that I have met all the [Staff Tuition Reimbursement Program](#) eligibility, funding, and program requirements. In addition, I give Human Resource Services permission to obtain relevant grades from the Office of the Registrar for courses taken at UNI.

(Signature of Applicant) (Date)

Section IV – Department Head’s Approval

I understand and certify the following:

- Class attendance has been arranged so that it does not interfere with the staff member’s ability to carry out regular position responsibilities or assignments.
- Class attendance will not be counted as regular work time. Neither additional compensation nor compensatory time will be allowed for class attendance or for course-related activities occurring outside regularly scheduled hours of service.

I Approve I Deny

(Signature of Department Head) (Date)

Please return this form to Human Resource Services, 0034, before the course start date. Revised 11/2012