

Tuition Fee Reimbursement Application

APPLICANT INFORMATION

Name: _____

Employee ID: _____

Department: _____

Contact Number: _____

Email: _____

COURSE DETAILS

Institution Name: _____

Course / Program Name: _____

Course Duration: _____

Semester / Academic Year: _____

REIMBURSEMENT DETAILS

Total Tuition Fee: _____

Amount Requested: _____

Reason for Application: _____

Attached Documents: Fee Receipt
 Admission Letter
 Course Completion Proof
 Other (specify): _____

DECLARATION

I hereby declare that the information provided above is true and correct to the best of my knowledge. I agree to abide by the company's tuition fee reimbursement policy and submit the required documents for verification.

Applicant's Signature _____ Date: _____

Approver's Signature _____ Date: _____

IMPORTANT NOTES

- Ensure all sections are completed and required documents are attached.
- Applications with incomplete or incorrect information may be rejected.
- Submission of this form does not guarantee reimbursement; approval is subject to company policy.
- Original receipts should be provided and retained until claims are settled.
- Refer to the HR department for policy details and assistance.

