

# 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.

