

APPLICATION FOR GTRC TUITION REIMBURSEMENT

GEORGIA INSTITUTE OF TECHNOLOGY

Name: _____
 Last First Middle

Title: _____

GT ID Number _____

Organizational Unit: _____

Telephone: _____

Campus Mailing Address: _____
 Building Room Number Mail Code

Educational Institution Attending: _____

Semester: (Circle One) Fall Spring Summer Calendar Year _____ Day Class _____ Night Class _____

Highest Degree Earned: _____ Degree Pursuing (Level/Discipline) _____

Hours Completed to Date: _____ Hours Remaining: _____ Expected Degree Date (Mo/Yr): _____

| Courses for Which Reimbursement Is Requested (Number and Title) | | | FOR OFFICE USE ONLY | | |
|--|------|-------|---------------------|---------------|--|
| Credit Hours | Cost | Grade | Percent Refund | Refund Amount | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| Health Fee _____ Transportation Fee _____ | | | | | |
| Activity Fee _____ Athletic Fee _____ | | | | | |
| Technology Fee _____ | | | | | |
| TOTAL REIMBURSEMENT | | | | | |

Explain course applicability to your research work: _____

I certify that I am a permanent, budgeted, full-time professional research employee and that I am not entitled to reimbursement from other sources.

Applicant's Signature _____ Date _____

School/Center Director's Approval _____ Date _____

 Dean/V.P.'s Approval Date

Please forward completed form with approvals and copy of fees paid to:

For GTRI employees: Darice Whitaker GTRI Mail Code 0807 Phone 404-407-6693

For GT & GTRC employees: Brittany Petrarca Office of the Exec. Vice Pres. for Research Mail Code 0740 Phone 404-385-3922

FOR OFFICE USE ONLY

Date of Application Receipt: _____

Course(s) Approved: _____

Date: _____

Reimbursement Approved: _____

Date: _____

Aug-03