

Staff Tuition Reimbursement Assistance Program (STRAP) Application**Applicant Information**

| | | | |
|---|-------------------|--------------------------------|--|
| Name: | _____ | PeopleSoft Employee ID: | _____ |
| | Last First | | (this is your HR employee ID#, NOT your GT ID) |
| Department: | _____ | Job Title: | _____ |
| Email: | _____ | Phone: | _____ |
| | _____ .gatech.edu | | |
| Full-Time Permanent Employment Date: | _____ | Mail Code: | _____ |

Academic Information

Educational Institution: _____

Are you enrolled in a degree/certificate program? Yes No

If yes, which degree/certificate: _____

(Assoc., Bachelors, Masters, PhD, etc.)

Major Field: _____

Will you graduate this term? Yes No

Current Term: _____

| | Course Title | Credit Hours | Tuition |
|----|---------------------|---------------------|----------------|
| 1. | _____ | _____ | \$ _____ |
| 2. | _____ | _____ | \$ _____ |
| 3. | _____ | _____ | \$ _____ |

Additional Information

Explain how this coursework (or degree program) applies to your current job and career goal at Georgia Tech:

Note: All reimbursements will go to your primary direct deposit acct. with GA Tech.

I certify that I have read and understand the STRAP policy and procedure. I am not eligible for another reimbursement plan or scholarship source, and the information supplied is correct.

I certify that purchase for tuition charges was made using personal funds.

Applicant Signature

Date

To be Completed by Supervisor and Department Head

For **graduate level** coursework only: please answer the following questions:

- Yes No Does the coursework maintain and/or improve the skills required in the employee's current position or meet your requirements as an employer?
- Yes No Does the coursework relate to the employee's current trade or business or add knowledge in carrying on their existing vocation?
- Yes No Does the applicant's existing education background satisfy the minimum educational requirements of their current job position?

Approval: I support the above named employee's application for STRAP.

Immediate Supervisor's Name (please print)

Date

Immediate Supervisor's Signature

Department Head's Name (please print)

Date

Department Head's Signature

To be completed by OOD staff

The application for STRAP: is approved is not approved.

Signature

Date