

### Application for Tuition Reimbursement

Employee name	
Employee ID	
Position title	
Department	
Manager	
Date	

### Course/Program Details

Name of course/program		
Name of accredited institution		
Total tuition cost		
Amount of request for financial assistance		
Has this course been included in your annual learning plan? (Attach most recent learning plan)	Yes	No
Has the course/program been completed? (Attach appropriate documentation)	Yes	No

### Course/Program Benefits

Please describe how this course/program of study aligns with NBCC's strategic objectives.	
Please describe how this course/program of study relates to your current position, program, and department.	

Please describe the long-term benefit to NBCC.		
Please describe how this course/program of study aligns with NBCC's strategic objectives.		
<b>Other</b>		
Have you received funding for tuition reimbursement from NBCC in the past? If yes, please explain.	Yes	No
Have you received financial assistance from any other source in relation to this request? If yes, please explain.	Yes	No
<b>Signatures</b>		
Signature of applicant:		
Signature of supervisor:		
Signature of appropriate budget authority: (if different from above)		