



Tuition Reimbursement / Loan Application

Employee Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Employee #: _____ Office: _____ Current Position: _____

1. Which School are you planning to attend? _____

2. What is your educational objective? (degree, certificate, etc.): _____

3. What are the total number of units/semester hours that you need to take in order to meet your objective? _____

4. Please list the name(s) of the course titles – attach catalog course description.

_____ Date Course Begins: _____ Date Course Ends: _____

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Please explain how this course will benefit you at Adjoin?

5. Has Adjoin requested that you complete this coursework in order to maintain your position with company? Yes No

If yes, why was this request made? _____

6. Amount requested for tuition: _____

I have read the Tuition Reimbursement- Loan Program material and agree to abide by the terms set forth.

Employee Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date: _____

Approved

Declined

Academic Term: _____

Total Check Disbursed: _____

Date of Disbursement: _____

Check #: _____

Date Loan will be Forgiven: _____

Approved by CEO: _____

Date: _____