

Select one:

- Undergraduate Studies: For Full-time Faculty/Staff who are living and working within the Baltimore/Washington Metropolitan Area** (reimbursement up to \$2,000 per calendar year)
- Undergraduate/Graduate Studies: For Full-time Faculty/Staff living and working in outlying areas beyond the Baltimore/Washington Metro Area** (reimbursement up to \$5,250 per calendar year)

- **INSTRUCTIONS:** After completing the courses and receiving a final grade of 'C' or better, complete this application with supervisor signature, and include the following: proof of tuition costs, course grades and proof of payment. Mail, fax, or email form and required documentation to:
JHU Benefits Service Center | 1101 East 33rd Street, Suite D200 | Baltimore, MD 21218 | 443-997-5820 (Fax) | benefits@jhu.edu
- **ELIGIBILITY:** Full-time Faculty and Staff having completed 120 consecutive days or more of full-time service. The waiting period can be waived if the supervisor or department head approves the course as a requirement for the job.
*Graduate courses are only offered to employees in outlying areas (beyond the Maryland/Washington DC metro area).
- **PAYMENT ALLOWANCES:** The Tuition Reimbursement Plan applies to courses taken for academic credit only (no remedial classes) at an accredited, degree-granting college/university, outside Johns Hopkins University. Reimbursement is for part-time studies only (11 credits or less). Proof of payment and an official grade of "C" or better are required; Pass/Fail/Satisfactory cannot be accepted as a grade. Submit reimbursement requests within 12 months of course completion. Reimbursement will be made directly via payroll. **Reimbursements submitted after December 5th will count against the maximum allowance for the following year with no exceptions.**
- **AGREEMENT:** I hereby certify that I have read the Tuition Reimbursement policy. All information I have provided here is accurate. I have been benefits eligible for 120 consecutive days (unless this policy has been waived by my supervisor for job-related coursework) and continue in a full-time position. Any deliberate misstatement on this application represents grounds for exclusion from reimbursement plan participation and/or termination.

Part I: Employee's Information (please print)

(Last)	(First)	(Middle Initial)	(Personnel #)
(Home Address)		(Work Phone)	(Home Phone)
(Email address)			
Faculty's or Staff Member's Signature: _____			Date: _____

Part II: College and Course Information (Please Print – All Sections Must Be Completed)

(Semester/Session & Year)	(College Name)			
Course Number	Course Title	Credit Hours	Course Type (Grad or Undergrad)	Tuition Cost (Exclude fees)

Part III: Supervisory Approval: I hereby confirm the above employee was: 1) eligible for this program at the start date for the courses indicated and continues in a full-time position, or 2) released from work for the courses if they were offered during work hours, and/or 3) granted a waiver of the 120-day consecutive full-time employment restriction for required courses.

Supervisor's or Department Head's Signature: _____ Date: _____

FOR OFFICE USE ONLY			
Payment Type: _____	Grade <input type="checkbox"/>	BSC Initials _____	Date _____
Reimbursement Processed: <input type="checkbox"/> Yes <input type="checkbox"/> No		OBS Initials _____	Date _____