

RESEARCH FOUNDATION EDUCATION ASSISTANCE PROGRAM

Session for which tuition reimbursemen	t is requested			
Fall (Year) Spring (Year) S	ummer(Year)	Winter	_(Year)	Intersession (Year)
Name				Employee #Date
Address				
Telephone #				Email
College/Location Where Employed				Department
Project Name (Primary Appt.)				Project #
Project Name (Secondary Appt.)				Project#
Principal Investigator/Project Director (s)			
CUNY College Attending				Degree Program UndergradGraduate
Major				_ Expected Date of Degree
If the answer is "No", my first request for Fall(Year) Spring(Year) I am seeking reimbursement for the follo) Summer	(Year)	Winter	_(Year) Intersession(Year)
-		-		# of credits
2 Reimbursement is available	up to 2 courses per ac	ademic year		# of credits
I am a full-time/part-time A employee of t more than 30 days) for at least one year.		tion and hav	e been empl	oyed continuously (without a break in service of
Signature				Date
I am the Principal Investigator/Project Di sought will not interfere with the employ		int and confi	rm that the o	course(s) for which tuition reimbursement is being
Signature				Date
For job related courses I am the Princip tuition reimbursement is being sought is		ect Director	for the appl	licant and confirm that the course(s) for which
Signature				Date
For Office Use Only I have reviewed the above and have dete Research Foundation Education Assistan		loyee currei	ntly is in elig	ible employment status under the terms of the
Approved Office of Human Resources				Date

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