



**FACULTY/ADMINISTRATION STATEMENT OF INTENTION
FOR TUITION REIMBURSEMENT
ACADEMIC YEAR 2017 - 2018**

NAME: _____ **M#** _____

DEPARTMENT: _____ **EXTENSION #** _____

This form indicates your intention to receive tuition reimbursement for the above academic year (September 1st – August 31st).

In order to receive tuition reimbursement, **YOU MUST SUBMIT AN OFFICIAL TUITION BILL** (detailed bill must indicate semester/session, tuition amount and any financial aid discount or awards given), followed by a grade(s) upon completion of the course(s). The tuition bill must show a zero balance. **Tuition bill MUST have institution and student name imprinted.**

In accordance with Article 26 of the Faculty Association, the College has agreed to budget \$75,000 per year for tuition reimbursement. This tuition reimbursement is available only for courses at duly accredited colleges and universities. A deadline date of August 31st preceding each academic year of this contract shall be established for the submission of any request for tuition reimbursement.

If there are additional tuition monies to be redistributed at the **END** of the academic year, both submissions past deadline (Submitted after August 31) and the \$3,000/per individual maximum will be honored. If you do **NOT** successfully complete a course, **you must reimburse MCC.**

Please check one: Undergraduate course work Graduate course work

Degree working towards: Bachelors Masters Doctorate

Signature _____ Date _____

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FOR HUMAN RESOURCES ONLY