



Village of Mount Prospect

50 South Emerson Street, Mount Prospect, Illinois 60056

TUITION REIMBURSEMENT APPLICATION FORM

Name (Print) _____

Department _____

Job Title _____

Name of Course(s) _____

Time of Day Course(s) Meet _____

Name of School or University _____

Location of School _____
(City/State)

Degree Program (if applicable) _____

Course Dates _____

Course Cost: _____

Number of Hours per week _____

Please describe the benefit the course(s) will provide to you to improve your job performance/skills.

By signing, I understand that within ninety (90) days of successful completion of the course I will be required to submit a Tuition Reimbursement Agreement Form along with a copy of my grades and receipt of tuition payment to Human Resources.

Employee Signature _____

Date _____

INTERNAL USE ONLY

Department Head Signature _____

Date _____

Village Manager Signature _____

Date _____

Approval Granted ____ Yes ____ No