**SIMPSON COLLEGE**

**EMPLOYER APPROVAL FORM FOR TUITION REIMBURSEMENT**

**Note: This form needs to be completed each SEMESTER.**

**THIS SECTION COMPLETED BY STUDENT**

Employee/Student: Student ID No: ­

Term Course Title Tuition Amount

\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT!! If you are applying for or receiving financial aid, you must report any tuition reimbursement amounts to the Financial Aid office.**

**THIS SECTION COMPLETED BY EMPLOYER**

Approval Signature: Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Street, City, Zip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYER REIMBURSEMENT GUIDELINES** (Please list any specified guidelines student must meet prior to employer reimbursing student’s tuition charges)**:**

* Grade required for reimbursement (applies when student must attain a certain grade prior to employer paying tuition):

A B C D F None

* Employer percentage of tuition to be paid: \_\_\_\_\_\_\_\_%
* Employer pays: Before/After grants (circle one)
* Maximum Benefit: $\_\_\_\_\_\_\_\_ Lifetime/Annual (circle one)
* Reimbursement paid to: Employee/Student \_\_\_\_\_\_ Simpson College
* Payment will be made: Prior to class start Upon completion of class

\_\_\_\_\_\_\_ Upon receipt of grade report Other

* Other stipulations:

**PLEASE RETURN TO:**

Simpson College Simpson College

Attn: Business Office West Des Moines Campus

701 N. C St., Hillman Hall 1415 – 28TH St., Ste. 250

Indianola, IA 50125 West Des Moines, IA 50266

Phone: 515-961-1269 Phone: 515-309-3099

FAX: 515-961-1498 Attn: Denise FAX: 515-961-1887

Email: denise.hudson@simpson.edu

This form needs to be attached to the Continuing & Graduate Programs Employment Reimbursement Loan Promissory Note that the student needs to sign before classes begin. This form needs to be signed by the employer for each semester of classes. If you have any questions, please feel free to call the Business Office at 515-961-1269.