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
Attn: Business Office
701 N. C St., Hillman Hall
Indianola, IA 50125

Phone: 515-961-1269
FAX: 515-961-1498 Attn: Denise
Email: denise.hudson@simpson.edu

Simpson College
West Des Moines Campus
1415 – 28TH St., Ste. 250
West Des Moines, IA 50266

Phone: 515-309-3099
FAX: 515-961-1887

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.

(Rev. 8/18)