Office of Human Resources
Lorain Administration Center

REQUEST FOR TUITION REIMBURSEMENT FORM
2026-2027 School Year

Name_____ SSN_____

Present Assignment_____ Location_____

The following courses were completed during the Summer 2026 semester:

Course Title_____
Date Completed_____ Credit Hours_____

Course Title_____
Date Completed_____ Credit Hours_____

Course Title_____
Date Completed_____ Credit Hours_____

Total Summer Tuition Hours and Cost_____

The following courses were completed during the Spring 2026 semester:

Course Title_____
Date Completed_____ Credit Hours_____

Course Title_____
Date Completed_____ Credit Hours_____

Course Title_____
Date Completed_____ Credit Hours_____

Total Spring Tuition Hours and Cost_____

The following courses were completed during the Fall 2025 semester:

Course Title_____
Date Completed_____ Credit Hours_____

Course Title_____
Date Completed_____ Credit Hours_____

Course Title_____
Date Completed_____ Credit Hours_____

Total Fall Tuition Hours and Cost_____

Applicant's Signature: _____ Date_____

Return: Request for Tuition Reimbursement Form · A copy of tuition receipt(s) · A certified transcript(s)

DUE TO HR OFFICE ON OR BEFORE OCTOBER 15, 2026

Total Hours _____ Amount _____ Approved _____ Denied _____

Maximum reimbursement is $200 per quarter hour; maximum hours = 9.
Maximum reimbursement is $300 per semester hour; maximum hours = 6.