

TUITION REIMBURSEMENT LETTER REQUEST
(Must be completed each semester)

ALVERNO COLLEGE
Registrar's Office – FO 144
Fax: (414)382-6478

Name _____ ID# _____ UG ____ Home Phone _____
Address _____ GR ____ Work Phone _____

Semester year _____ Fall ____ Spring ____ Summer ____

List Courses for Tuition Reimbursement only.

If you would receive an Incomplete in any of the courses listed below, your Tuition Reimbursement Letter will be held until a Satisfactory is reported for that course.

Dept & Course	Title	Sem Hr	Instructor Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I request the following information for my employer whose name is listed below (Check A or B)

_____ **A** A statement indicating that I successfully completed the course(s) taken during the semester indicated above. Successful completion means C or Better for undergraduate credit and B or Better for graduate credit.

Address Letter to:

Mail Letter to:

Company Name _____ **Please complete if different than employer**

Attention _____ **Name** _____

Company Address _____ **Address** _____

City, State, ZIP _____ **City, State, ZIP** _____

_____ **B** My company requires letter grade equivalents. I understand that letter grade equivalents are sent to employers ONLY and are not issued to students. This letter is due to my employer by _____.

Attach a current copy of your employer's policy for tuition reimbursement each semester. Thank you.

Signature _____

Date _____

INCOMPLETE FORMS WILL BE RETURNED TO STUDENT

<u>Office Use Only</u> ____ Date Received ____ Initials ____ Date Completed
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