



PMMI Member Employee Tuition Reimbursement (METR) Application

For what semester and calendar year are you applying? Spring Fall Year _____

Name: _____

Title: _____ E-mail: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

How long have you been employed at this company? _____

Name of School/Training Program: _____

Address _____ City: _____

State: _____ Zip Code _____ Phone: _____ Contact Person: _____

Name of course/seminar: _____ Cost of Tuition: _____

Course starting date _____ Course completion date _____

Undergraduate Graduate Seminar

Purpose for taking course/seminar:

Seeking a Degree? Yes No If yes, what degree? _____

Have you been awarded a METR before? Yes No If yes, how many times? _____

Applicant must obtain both of the following signatures:

Supervisor Recommendation

As the applicant's immediate supervisor, I recommend this person for a PMMI Member Employee Tuition Reimbursement and verify that he/she is an employee of our company and that the course he/she is taking is job-related.

Name (please print): _____ Phone: _____

Signature: _____ Title: _____

PMMI Executive Representative Support

As the PMMI executive representative for this company, I support this person's application for a PMMI Member Employee Tuition Reimbursement based on his/her supervisor's recommendation.

Name (please print): _____ Phone: _____

Signature: _____ Title: _____

Return completed application to:

PMMI Education & Workforce Development Center
4350 N. Fairfax Drive, Suite 600
Arlington, VA 22203
Attn: Danny Martinez

Fax: 703/243-8556
E-mail: danny@pmmi.org
Phone: 703/243-8555

For Official Use Only

Date application was received at PMMI: _____
Amount requested: _____
Amount approved: _____
Amount awarded: _____

Application approved: yes No

Reason for rejection: Previous recipient Insufficient funds
 Withdrawn from class Did not submit required paper work
 No longer employed by company Too many applicants from the same company

Date payment was requested: _____

Date payment was issued: _____

Number of times company has been awarded METR funds before: _____ times First time applying: _____