



CITY OF SPRING HILL APPLICATION FOR TUITION REIMBURSEMENT

_____	_____	_____	_____
Social Security #	Last Name	First Name	Middle Initial
_____	_____	_____	_____
Street Address	Apt. #	City, State, Zip Code	Home Phone
_____	_____	_____	_____
Job Title	Department	Department Head	Work Phone

Check Applicable Term *(check only one)*

Fall 20__ Winter 20__ Spring 20__ Summer 20__

Starting Date

Ending Date

College/University/Institution

Name and Address

Degree Status:

Undergraduate

Graduate

Non-credit

Below, list Courses taken this term:

Credit Courses:

Course # _____ # of Credits _____ Title _____

Course # _____ # of Credits _____ Title _____

Course # _____ # of Credits _____ Title _____

Course # _____ # of Credits _____ Title _____

Non-credit Courses:

Course # _____ Title _____

Fees

Tuition \$ _____

Registration or Consolidated Fee \$ _____

Total Fees \$ _____

I hereby declare that the above statements are true.

Employee Signature

Date



For Office Use Only

Proof of Completion

Amount Refunded

GR by _____ by _____ \$ _____

Rec by _____ by _____ \$ _____

Aid by _____ by _____ \$ _____

