

CARLETON COLLEGE TUITION BENEFIT
REIMBURSEMENT REQUEST
(2011-2012)

Please utilize this form to request the Tuition Benefit. Attach a statement that **clearly reflects your student dependent's tuition charges**. Forward this information to Andrea Zunkel, Benefits Coordinator at Human Resources (5-Strong) or email at azunkel@carleton.edu.

Date: _____

Name: _____

Exempt

Position: _____

Non-Exempt

Date of Hire: _____

Full Time

Part Time

Please Note: This benefit is pro-rated for part-time staff that meets eligibility requirements.

Dependent's Name _____ Year in School: _____

Dependent's School _____

Dependent's School Reimbursement Address: _____

Tuition Request is for: 1st Semester

1st Qtr/1st Term (Fall)

2nd Semester

2nd Qtr/2nd Term (Winter)

3rd Qtr/3rd Term (Spring)

Please provide the names of all your legal children eligible for the dependent tuition benefit:

Please list the names of those student dependents that have previously received this benefit, as well as the number of academic years (per student dependent) this benefit has previously been provided:

(Please note: Benefit maximum is not to exceed four regular academic years per child; total benefit is a maximum of twelve regular academic years per eligible exempt or non-exempt staff.)

If interested in the educational loan option versus the tuition benefit, please contact Human Resources (x5989).

Tuition benefit payments will be made directly to the institution the student attends. Please reference the Staff Handbook for the benefit's specifics or contact Human Resources (x5989) for further assistance.