



**University of Mississippi Medical Center
Tuition Reimbursement Application – Nursing**

Student Information		
Name	Employee #	Title
Unit/Department	Hire Date of Current Position	Hours Per Week: FT PT
Address		Phone

Required Documents	Student Initials
I understand that in order to obtain tuition reimbursement, I must submit the below listed documents. I further understand that the documents I submit must be true and accurate.	
1. Official transcript	
2. Receipts for tuition and/or lab fees paid	
3. Official award notification letter from school or official letter from the school's financial aid office <ul style="list-style-type: none"> • If receiving financial aid, the letter must list award(s). • If not receiving financial aid, the letter must state that no financial aid was awarded. 	
4. Official letter from Bursar's office and/or listing of account activity up to date of request	

Course Information				
INSTITUTION ATTENDING:		LOCATION:		DEGREE PURSUING:
Course #	Course Name	Required or Elective?	SEMESTER	Total Cost
				\$
Student Advisor - Please certify the classes the student is seeking reimbursement for are required to complete their degree. If no advisor signature available, please attach official Curriculum or Plan of Study.				
Advisor Signature			Date	

Other Financial Assistance – List all sources and amounts you are now receiving:	Amount
UMMC Employee Tuition Benefit	\$
	\$
	\$

I certify the information and documents provided to the University of Mississippi Medical Center for the purpose of tuition reimbursement are complete and true to the best of my knowledge. I also understand that if I purposely give false or misleading information on this form that I may be subject to a \$20,000 fine, a prison sentence, or both.

Student Signature **Date**

Please certify employee has worked at least six months if employed full-time, or one year if employed part-time, and is not in disciplinary process at time of application or while attending courses.

Clinical Director **Date**