



Friends Research Institute, Inc.

Education Reimbursement Form

**Course Approval Instructions:** Prior to starting your course, complete this form and return it to your supervisor for approval. **Please complete a separate form for each course you intend to take. Incomplete forms will be returned to you for completion.**

**Employee Information**

Name \_\_\_\_\_ DOH \_\_\_\_\_

FRI Work Address \_\_\_\_\_

Work Phone # \_\_\_\_\_ Project Number: \_\_\_\_\_

Home Address \_\_\_\_\_

**School Information**

Name \_\_\_\_\_

**Course /Certification/Licensing Information**

Course Title \_\_\_\_\_

Course Number \_\_\_\_\_ Credit Hours \_\_\_\_\_

Course Starts \_\_\_ / \_\_\_ / \_\_\_

Course Ends \_\_\_ / \_\_\_ / \_\_\_

Type of Course:

- Graduate
- Undergraduate
- On-Line Distance Learning
- Seminar/Conference
- Other (including Certification/Licensing Fees or Exam)

Is the course part of a degree program in which you are enrolled? Please give the name of the degree and date of expected graduation. \_\_\_\_\_

Graduate  Yes  No Undergraduate  Yes  No

Course Tuition \$ \_\_\_\_\_ *FRI Approval:*

Books \$ \_\_\_\_\_ Amount to be Paid: \$ \_\_\_\_\_

Fees, materials, etc. \$ \_\_\_\_\_

Total Request \$ \_\_\_\_\_

I hereby certify that the information I have provided on this form is truthful and accurate.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

HR Approval: \_\_\_\_\_ Date \_\_\_\_\_