



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 _____ Hire Date _____

Work Address _____

Work Phone Number _____ 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 \$ _____

Books \$ _____

Fees, materials, etc. \$ _____

Total Request \$ _____

<p><u>FRI APPROVAL:</u></p> <p>Amount to be Paid \$ _____</p>
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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 _____