

MEMORANDUM OF AGREEMENT FOR TUITION REIMBURSEMENT
Radford University

Name of Employee _____

Title _____ Department _____

Beginning and Ending Dates of Course or Leave _____

Attended/Location _____

Institution To Be Attended/Location _____

Terms and Amount of Stipend _____

JUSTIFICATION

1. General Description of Program _____

2. Objective of Program and Benefit to Radford University _____

AGREEMENT

1. I agree to pay all non-tuition expenses associated with taking the course identified above, i.e., books, study materials, etc.
2. I agree to pay the cost of tuition with the understanding that I will be reimbursed if I successfully complete my course.
3. I agree to furnish Radford University Human Resources with a copy of the university transcript or other acceptable record that the course taken has been successfully completed.
4. I agree to work with my supervisor or department head to make-up all time missed on an hour-for-hour basis.
5. I understand that payment may be made directly to the institution for an employer-required course. In this case, numbers 2, 3 and 4 above do not apply.

Signature of Employee Date

1. I agree that the course described above is job-related and would be of benefit to the employee and department.
2. I agree that with the receipt of appropriate documentation and concurrence of Human Resources, I will reimburse the employee the cost of tuition from department funds, unless the payment was made by RU directly to the institution.

Name of Department Head Signature of Department Head Date

HUMAN RESOURCES USE ONLY

The employee named in this request has met all requirements for the reimbursement of tuition for the course identified.

Human Resources Representative Date