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| MN BT Application & Request for Educational Reimbursement |
| Employee Name Phone

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| Position Level Center Location

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| School Education Goals

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Program or Degree Sought Estimated Completion Date

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| Course Number & Name | Cost | Credits | Start Date | End Date | Grade(upon completion) |
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This application is submitted in accordance with and subject to Caravel’s MN BT Tuition Assistance Policy. I hereby certify that I 1) currently do not have a bachelor’s degree 2) am not receiving financial assistance for this course from any other source. I have read the conditions explained in the policy and agree to abide by them.  |
| Teammate Signature Date

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Applicant please submit to your Clinic Director for approval. Clinic Director, upon your approval forward to Benefits team & AP for review.CD Approval Date

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[ ]  Approved [ ]  Denied  **\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_** I request reimbursement for the above class(es). The following items are attached:[ ]  Tuition receipt [ ]  Grade report [ ]  Approved Application and Request for Educational ReimbursementSignature Date

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