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| MN BT Application & Request for Educational Reimbursement |
| Employee Name Phone   |  |  | | --- | --- | |  |  | |
| Position Level Center Location   |  |  | | --- | --- | |  |  | |
| School Education Goals   |  | | --- | |  |   Program or Degree Sought Estimated Completion Date   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | | | |  | | | | Course Number & Name | Cost | Credits | Start Date | | End Date | Grade  (upon completion) | | |  |  |  |  | |  |  | | |  |  |  |  | |  |  | | |  |  |  |  | |  |  | |   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   |  |  | | --- | --- | |  |  |   Applicant please submit to your Clinic Director for approval. Clinic Director, upon your approval forward to Benefits team & AP for review.  CD Approval Date   |  |  | | --- | --- | |  |  |   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 Reimbursement  Signature Date   |  |  | | --- | --- | |  |  | |
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