

# The University of Michigan Tuition Support Request

**SPG 201.69 - Attachment 1**

Procedures stated in the Tuition Support SPG 201.69 must be followed to allow payment of the request. If you must have approval to this request before registering, this form must be submitted to your supervisor at least 20 University business days before registration.

Be sure to give all information requested. Please keep a copy of this form for your records.

Name		UMID	
U.S. Social Security Number		Department	
Date of Hire (Service Date)		Classification Title	
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>		Appointment Fraction	
Degrees Received			
Eligible for Veterans Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for Scholarships <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, source and amount			
Institution you plan to attend			
Course Name		Course Number	
Credit Hours <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate *		Final Grade	
Course Name		Course Number	
Credit Hours <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate *		Final Grade	
How is this course work related to your job or career objectives at the University?			
If a degree program, give degree, area of specialization and how course is related to the degree (required, elective, etc.)			
Tuition / Registration Cost \$ _____ (not to include application fees, lab fees, books or other materials)			
Tuition Reimbursement <input type="checkbox"/> Yes <input type="checkbox"/> No      Tuition Advance <input type="checkbox"/> Yes <input type="checkbox"/> No      If Tuition Advance, date course ends _____			
Date and amount of Tuition Support Payments received this calendar year (Jan. 1 - Dec. 31)			

I hereby certify the above information is correct, that I qualify for support under the Tuition Support Program at the University of Michigan as set forth in SPG 201.69 and that I have declared (above) any other sources from which tuition support could be obtained.

Where a tuition support payment is paid in advance, and in the event I do not successfully complete the course (as defined in section II.A.) or do not provide the required documentation in a timely manner (as set forth in section II.G.), I authorize the Payroll Department to deduct the full amount of the tuition advance from my paycheck in equal installments over a six-month period. I further understand that if I leave the University before successfully completing the course, or before providing the require grade report and paid bill or receipt to my supervisor, or before reimbursing all amounts owing under this policy, I am obligated to repay the full amount of the advance to the University immediately. If I have not done so before my last day at work, I authorize the University Payroll Office to deduct the full amount owing under this policy from any remaining regularly scheduled paychecks to the extent permissible by law and understand that I remain liable for any balance.

\* NOTE: Tuition reimbursements for Graduate Studies are subject to taxation.  
Please see SPG 201.69-0 for current amounts.

Staff Member's Signature	Date
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**ADMINISTRATIVE ACTION**

Calculation of Employee's Tuition Support:		
Tuition/Registration Cost _____ x 75% = _____ x Appointment Fraction _____ = _____		
Amount approved for payment: \$ _____ <input type="checkbox"/> Disapproved Reason _____		
I hereby certify that I have read SPG 201.69 and that the above request for Tuition Support is in compliance with the guidelines. Note: Sponsored Research Accounts cannot be charged. (See SPG 201.69.II.H.)		
Authorized Signature _____		Shortcode _____
Print Name _____	Campus Address _____	Campus Phone _____

**FLINT, DEARBORN, AND MEDICAL CENTER APPROVAL** (The Special Payment Form must be attached to this form)

Comments _____		
Approved / Denied _____	Reason for Denial _____	
By _____	Date _____	Date to Payroll _____