

State of Colorado Tuition Reimbursement Pre-Approval Form 2023-24

Instructions

Complete, sign, date, and submit this form to Employee Services for pre-approval of enrollment in the State of Colorado’s Tuition Reimbursement Program.

A copy of this document, with approval or denial, will be returned to you within 10 business days of receipt.

Employee Information

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Employee ID Number – **REQUIRED Job Title Date of Hire**

Name (Last) (First) (Middle Initial)

Campus of Employment Educational Institution of Registration

Personal Telephone Email Address

1. Have you previously received tuition reimbursement? If yes, please list dates
2. Are you a COWINS covered or non-covered employee? 🞎 Covered 🞎 Non-Covered
3. Have you undergone a corrective or disciplinary action in the last 12 months? (does not impact eligibility)

🞎 Yes 🞎 No

1. What Kind of education course are you seeking approval and reimbursement for?

🞎 English Language Proficiency 🞎 Trade School Course or Certificate 🞎 Associate Degree

🞎 Bachelor’s Degree 🞎 Advance College Degree 🞎 Language Classes

🞎General Education Development (GED) or HS Course 🞎 Other Similar Class, please list below

1. Objective for taking course(s)

🞎 Pursuing a degree 🞎 Continuing Education 🞎 Preparing for career advancement

1. How will this benefit the University of Colorado and the State of Colorado?
2. Course Title 8. Course Number 9. Credit Hours

10. Course Begin Date 11. Course End Date

12. Course Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Total Cost $

Authorization and Signature – Read, Sign and Submit

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I certify that I am taking the above classes, am in good standing with a satisfactory performance record, have at least one year of CU service and understand that I may be eligible for reimbursement of related expenses under the State's Tuition Reimbursement Program.  I understand that I must receive approval and submit proof of completion to Employee Services to receive any State reimbursement.  I understand that if I receive reimbursement under the State program, I must remain employed with the university for a minimum of one year from the date of reimbursement or refund the full amount of such reimbursement to the State.

Signature: Date:

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| **ELECTONICALLY**  If you are ready to submit your form, click on the submit button.  **SUBMIT** | **BY MAIL**  Make a copy for your records and send the original to:  University of Colorado Employee Services  1800 Grant Street, Suite 400  Denver, Colorado 80203 | **BY FAX (secured)**  303-860-4299  Keep a copy of the fax transmission report with your form for your records. |

Notice of Approval or Denial – Employee Services Use Only

🞎 Application Approved

🞎 Application Denied

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Notification sent to Employee by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



1. Employee Services | SOC Tuition Reimbursement Program

Revised: August 15, 2022 | [tuitionbenefit@cu.edu](mailto:tuitionbenefit@cu.edu)