APPLICATION FOR GTRC TUITION REIMBURSEMENT
GEORGIA INSTITUTE OF TECHNOLOGY

Name: ____________________________________________________________

Last         First          Middle

GT ID Number__________________________________________________________________________________________________________

Organizational Unit: _________________________________________________

Telephone: ___________________________________

Campus Mailing Address: ____________________________________________________________________________________________________

Building          Room Number          Mail Code

Educational Institution Attending: __________________________________________

Semester: (Circle One) Fall    Spring    Summer              Calendar Year _____________     Day Class __________  Night Class ___________

Highest Degree Earned: ___________________________________     Degree Pursuing (Level/Discipline) ___________________________________

Hours Completed to Date: ____________   Hours Remaining: ____________  Expected Degree Date (Mo/Yr): ________________________

<table>
<thead>
<tr>
<th>Courses for Which Reimbursement Is Requested (Number and Title)</th>
<th>Credit Hours</th>
<th>Cost</th>
<th>Grade</th>
<th>Percent Refund</th>
<th>Refund Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Health Fee _______________    Transportation Fee _______________

Activity Fee _______________    Athletic Fee _______________

Technology Fee _______________

[Table continued]

TOTAL REIMBURSEMENT

Explain course applicability to your research work: ___________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

I certify that I am a permanent, budgeted, full-time professional research employee and that I am not entitled to reimbursement from other sources.

Applicant's Signature                                                      Date

School/Center Director's Approval                                    Date

Dean/V.P.'s Approval                                                                Date

Please forward completed form with approvals and copy of fees paid to:
For GTRI employees: Sarah Cockrell (sarah.cockrell@gtri.gatech.edu)
For GT & GTRC employees: William Rex Welch (rex.welch@gtrc.gatech.edu)

FOR OFFICE USE ONLY

Date of Application Receipt:                                          ____________________________

Course(s) Approved:                                               ____________________________

Reimbursement Approved:                                         ____________________________

Feb-20