

**RHODE ISLAND PUBLIC EMPLOYEES' TRAINING FUND
(INITIAL APPLICATION FOR TUITION REIMBURSEMENT - SEE RULE #4.)**

APPLICANT INFORMATION:

Date: _____

Name _____ SSN _____
Home _____
Address _____
Street City/State zip code Daytime Phone#
Employer _____ Dept _____
Present Job Title _____
Seniority Date _____

PREVIOUS EDUCATIONAL BACKGROUND:

Type of School	Name	Year Graduated	Degree/Certificate
High School	_____	_____	_____
Technical, Business, Vocational	_____	_____	_____
College	_____	_____	_____
Other Career Enhancement Courses	_____	_____	_____

COURSE INFORMATION:

Course Title _____ Course Code _____
Name of School _____
Credit Hours or Course Length _____
Course Dates: Start: _____ End: _____
Class Schedule: M T W Th F From _____ To _____
Is this course part of a degree program? _____ No _____ Yes
IF YES, circle one: __major requirement, __distribution, __elective
IF YES, What degree? _____ Major? _____
Course Costs: Tuition & Fees \$ _____ + Books \$ _____ = Total \$ _____

I hereby apply for reimbursement of tuition, fees, and required book expenses for this course. I understand that, if approved, I must submit a transcript to show course completion and receipts for tuition, fees, and books to receive reimbursement.

Signature

(FOR FUND USE ONLY)

<p>This Application has been reviewed and _____ approved/_____ denied by the Rhode Island Public Employees' Training Fund Board of Trustees.</p> <p>Chair _____ (Signature) Date _____</p>
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