



TUITION REIMBURSEMENT PRE-APPROVAL

State Form 56218 (1-17)
DEPARTMENT OF CORRECTION

INSTRUCTIONS: This completed form and the course description for all courses listed must be received by the Central Office Fiscal Division no later than two (2) weeks prior to course registration. Tuition Reimbursement Program (TRP) Guidelines must be reviewed prior to completing this form. Please forward the completed application to TRP@idoc.in.gov.

Name (last, first, middle initial)		People Soft Identification number (PSID)	Last four digits of Social Security Number
Home address (number and street, city, state, and ZIP code)			
Facility / location	Work telephone number ()	State vendor number *	
Job classification	Title	Work e-mail address	

* Employees will need to be register as a State of Indiana Vendor to receive reimbursement. If you aren't a state vendor or are unsure, please contact the TRP mailbox for information on how to get registered as a state vendor.

<i>Explain briefly why you feel the course(s) that you have selected will improve your present job performance and/or prepare you for advancement.</i>

UNIVERSITY / COLLEGE / TRADE SCHOOL			
Name of school attending	Date course begins (month, day, year)	Date course ends (month, day, year)	Undergraduate or graduate course?
Type of degree	Total credits taken	Expected date of graduation (month, day, year)	

COURSES			
Course number	Name of course	Credit hours	Tuition per credit hour
Course number	Name of course	Credit hours	Tuition per credit hour

COST		
Estimated tuition fees	Estimated additional fees **	Total

** Additional Fees can include parking, lab fees, activity fees and technology fees. Please refer to the Tuition Reimbursement Guidelines for additional information.

FINANCIAL AID	
Are you receiving any other form of financial aid or tuition reimbursement, excluding any Student loans that may have been received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please provide type and amount and attach documentation with your Tuition Reimbursement Pre Approval Form.</i>	
Type of Aid	Amount

CERTIFICATION	
All the information that I have disclosed above is correct and accurate. My participation in the Tuition Reimbursement Program in no way guarantees a change in or advancement of my position. I hereby apply for participation in the Tuition Reimbursement Program covering the course(s) listed above. I have read and understand the policy, rules, and guidelines of the program and agree to comply with them.	
Signature of applicant	Date (month, day, year)

RECOMMENDATION	
Approval recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason	
Signature of immediate supervisor	Date (month, day, year)
Printed name	Title
Recommendation is: <input type="checkbox"/> Accepted <input type="checkbox"/> Declined	
Signature of Superintendent / Executive Director	Date (month, day, year)
Recommendation is: <input type="checkbox"/> Accepted <input type="checkbox"/> Declined	
Signature of TRP Committee	Date (month, day, year)

FOR TRP COMMITTEE USE ONLY.	
Reimbursement received fiscal year to date	
Pending approved reimbursement amount	
Explanation	
Indiana Department of Correction date of hire (month, day, year)	
Signature	Date (month, day, year)