



POST TUITION REIMBURSEMENT

State Form 56220 (1-17)
DEPARTMENT OF CORRECTION

INSTRUCTIONS: This form should be submitted after the completion of courses that were listed on State Form 56218, Tuition Reimbursement Pre-Approval. Please submit detailed itemized bursar statement and grade report within sixty (60) days of course completion along with this completed form. Please forward the completed application to TRP@idoc.in.gov.

Name (last, first, middle initial)	People Soft Identification number (PSID)
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COURSES				
Name of school attending		Total credits	Type of degree	Undergraduate or graduate?
Course number	Name of course	Grade received	Date course began (month, day, year)	Date course ended (month, day, year)
Course number	Name of course	Grade received	Date course began (month, day, year)	Date course ended (month, day, year)

COST			
Tuition fees	Financial Aid (excluding student Loans)	Additional fees *	Final cost

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

CHECKLIST
<input type="checkbox"/> Completed State Form 56220, Post Tuition Reimbursement
<input type="checkbox"/> Current Detailed Bursar Statement
<input type="checkbox"/> Copy of Final Grades

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)

FOR TRP COMMITTEE USE ONLY.	
Reimbursement received fiscal year to date	
Approved reimbursement amount	
Signature	Date (month, day, year)