

**Office of Human Resources – Benefits**  
**MCW Graduate School Tuition Course Approval / Authorization Form**

A full or partial tuition benefit may be available pursuant to Policy # HR.BN.140 to full time and full Professional Effort Faculty, Instructors, Post Doctoral Fellows and full time exempt and non-exempt Staff. **Approval must be obtained to complete the registration process.** Any tax liability, if applicable under IRS Code, is the responsibility of the employee.

This benefit is for **Tuition ONLY**. The maximum pre-tax benefit is determined by Section 127 of the Internal Revenue Code and will be offset by the Staff Tuition Reimbursement Policy for exempt and non-exempt Staff.

**\*FORM MUST BE SUBMITTED PRIOR TO COMPLETION OF REGISTRATION\***

**Section 1 Course Approval**

**(Please Print)**

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Dates of Course: from \_\_\_\_\_ to \_\_\_\_\_ Dates of Course: from \_\_\_\_\_ to \_\_\_\_\_  
Time of Day: from \_\_\_\_\_ to \_\_\_\_\_ Time of Day: from \_\_\_\_\_ to \_\_\_\_\_

Course Number and Title: \_\_\_\_\_ Course Number and Title: \_\_\_\_\_  
Number of Credits/Cost of course: \_\_\_\_\_ / \_\_\_\_\_ Number of Credits/Cost of course: \_\_\_\_\_ / \_\_\_\_\_  
Dates of Course: from \_\_\_\_\_ to \_\_\_\_\_ Dates of Course: from \_\_\_\_\_ to \_\_\_\_\_

**Check this box if you are a National Research Service Award (NRSA) Recipient**

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Printed Employee Name

\_\_\_\_\_  
\*Supervisor Signature Date

\_\_\_\_\_  
Printed Supervisor Name

**Approved for Departmental Funds**  
**Amount Paid by Department \$** \_\_\_\_\_  
**Account to be charged:** \_\_\_\_\_

**Not Approved To Be Paid By Department**

\_\_\_\_\_  
\*Chairman/Administrator Date

\_\_\_\_\_  
Printed Chairman/Administrator Name

Department Chairman/Administrator please route to the Graduate School

\_\_\_\_\_  
MCW Graduate School Verification Date

\_\_\_\_\_  
Printed MCW Graduate School Verifier Name

