

**Select one:**

- Undergraduate Studies: For Full-time Faculty/Staff** (reimbursement up to \$2,000 per calendar year)
- Graduate Studies: For Full-time Faculty/Staff who work and live beyond the Balto/DC/VA metro area- 50 miles outside of Baltimore City** (reimbursement up to \$5,250 per calendar year)

- **INSTRUCTIONS:** After completing the courses and receiving a final grade of 'C' or better, complete this application with supervisor signature, and include the following: proof of tuition costs, course grades and proof of payment. Mail, fax, or email form and required documentation to:  
**JHU Benefits Service Center | 1101 East 33<sup>rd</sup> Street, Suite D200 | Baltimore, MD 21218 | 443-997-5820 (Fax) | [benefits@jhu.edu](mailto:benefits@jhu.edu)**
- **ELIGIBILITY:** Full-time Faculty and Staff having completed 120 consecutive days or more of full-time service. The waiting period can be waived if the supervisor or department head approves the course as a requirement for the job.  
\*Graduate courses are only offered to employees in outlying areas (beyond the Maryland/Washington DC metro area).
- **PAYMENT ALLOWANCES:** The Tuition Reimbursement Plan applies to courses taken for academic credit only (no remedial classes) at an accredited, degree-granting college/university, outside Johns Hopkins University. Reimbursement is for part-time studies only (11 credits or less). Proof of payment and an official grade of "C" or better are required; Pass/Fail/Satisfactory cannot be accepted as a grade. Submit reimbursement requests within 12 months of course completion. Reimbursement will be made directly via payroll. **Reimbursements submitted after December 5<sup>th</sup> will count against the maximum allowance for the following year with no exceptions.**
- **AGREEMENT:** I hereby certify that I have read the Tuition Reimbursement policy. All information I have provided here is accurate. I have been benefits eligible for 120 consecutive days (unless this policy has been waived by my supervisor for job-related coursework) and continue in a full-time position. Any deliberate misstatement on this application represents grounds for exclusion from reimbursement plan participation and/or termination.

**Part I: Employee's Information (please print)**

(Last)	(First)	(Middle Initial)	(Personnel #)
(Home Address)		(Work Phone)	(Home Phone)
(Email address)			
Faculty's or Staff Member's Signature: _____			Date: _____

**Part II: College and Course Information (Please Print – All Sections Must Be Completed)**

(Semester/Session & Year)	(College Name)			
<b>Course Number</b>	<b>Course Title</b>	<b>Credit Hours</b>	<b>Course Type (Grad or Undergrad)</b>	<b>Tuition Cost (Exclude fees)</b>

**Part III: Supervisory Approval:** I hereby confirm the above employee was: 1) eligible for this program at the start date for the courses indicated and continues in a full-time position, or 2) released from work for the courses if they were offered during work hours, and/or 3) granted a waiver of the 120-day consecutive full-time employment restriction for required courses.

Supervisor's or Department Head's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Payment Type: \_\_\_\_\_ Grade  BSC Initials \_\_\_\_\_ Date \_\_\_\_\_

Reimbursement Processed: Yes No OBS Initials \_\_\_\_\_ Date \_\_\_\_\_