

REQUEST FOR EDUCATIONAL ASSISTANCE

Reimbursement obtained by presenting the completed form and copy of report of standing to Human Resources. The staff member must be continuously employed for the duration of the course and satisfy all the course requirements. Applicants are requested to thoroughly familiarize themselves with the Educational Assistance policy available at <http://www.mcgill.ca/hr/benefits/tuition> prior to completion of this application.

TO BE COMPLETED BY THE EMPLOYEE

NAME OF APPLICANT

Family Name _____ Given Names _____ Student Number _____
(if known)

NAME OF UNIT

UNIT ADDRESS

FACULTY AND YEAR

Signature

Date

TO BE COMPLETED BY THE SCHOOL OF CONTINUING STUDIES

VALIDATION OF COURSE(S):

Course Title	Course Number	Session & Year	Tuition Portion only

VALIDATION OF PAYMENT:

I certify that this student has paid \$ _____ for the tuition fees(s) applicable to the course(s) taken.

Signature

Date

TO BE COMPLETED BY HUMAN RESOURCES

APPROVAL OF APPLICATION FOR EDUCATIONAL ASSISTANCE

APPROVED: YES (*indicate foapal & amount*) FOAPAL _____ AMOUNT _____

NO _____ (*Indicate reason*)

Signature

Date

Human
Resources

Here to assist you

