



Tuition Reimbursement Request Form

The following constitutes the Tuition Reimbursement Agreement between _____ herein after referred to as the Recipient, and Meridian Behavioral Healthcare Inc., hereafter referred to as MBH.

Section I: General Information

Last Name: _____ First Name: _____

Position Title: _____ Department: _____ DOH: _____

Are you receiving any VA benefits or other educational support? Yes No

If yes, what assistance _____

Section II: Educational Institution & Course Work

College/University: _____

Term: _____ Dates: _____ *this agreement covers the upcoming term or semester. A new form must be completed each semester/term. Request not to exceed the maximum of two (2) courses per term/semester.

Course Name	Course #	Credits/Units	Tuition Cost
1			\$
2			\$
Estimated Cost of Books			\$
Total Maximum Reimbursement Requested			\$

What degree or certification does the course work lead to? _____

How will the course work provided improve your performance to MBH and what is the return on investment that MBH will receive?

Section III: Reimbursement Terms and Conditions

MBH agrees to reimburse the recipient the following percentage amount for the grade obtained for coursework and textbooks:

Grade A 100% Grade B 75% Grade C 50% Grade D or lower 0% _____ recipient initials

