

# Reimbursement Form for Duke University Employee Tuition Assistance Program

*Note to Student: An itemized bill must be included with this form.*

## TO BE COMPLETED BY THE STUDENT

Name \_\_\_\_\_ Duke Unique ID# \_\_\_\_\_

*I authorize the release of information included on this form.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY SCHOOL STUDENT ACCOUNTS OFFICE

(after successful completion of courses):

### School's Instructions:

- a. After student's completion of coursework, please complete sections 1-6 of this form. **Please return the completed form to the student.** The student will return it to the Duke University Benefits Office through the [Duke@Work](#) web portal.
- b. Please report **tuition expenses only** and exclude any fees or other charges from reported tuition amounts. Please only include actual amounts.
- c. Please report any scholarships or grants the student is receiving for this term.
- d. Please include the School seal or stamp on the form to certify the authenticity of the information provided.

### SECTION 1: STUDENT INFORMATION

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

### SECTION 2: ENROLLMENT INFORMATION

Student is registered for: *Select One:* Semester Quarter YEAR \_\_\_\_\_  
*Select One:* Spring Summer Fall Winter

### SECTION 3: COURSE INFORMATION (Please include all courses)

Course Name	Course Number	# of Credit Hrs/Course	Tuition Only/Course (Excluding Fees)
<b>Total Tuition (Excluding Fees)</b>			\$ _____

### SECTION 4: ASSISTANCE INFORMATION

Scholarships, grants, or other forms of assistance being received this term (excluding loans and payments by the student):  
*Please include actual amounts.*

**Designated for Tuition \$** \_\_\_\_\_ **Undesignated for Tuition\*\$** \_\_\_\_\_  
(i.e. Books, Fees, etc.)

\*If student is receiving undesignated assistance, please specify the following standard charges: **Fees \$** \_\_\_\_\_

### SECTION 5: PAYMENT INFORMATION

Amount paid by Student this term \$ \_\_\_\_\_  
 Date(s) paid by Student \_\_\_\_\_

### SECTION 6: SCHOOL CERTIFICATION

I certify the above information is correct.

\_\_\_\_\_  
 Certifier's Signature

\_\_\_\_\_  
 Printed Name and Title of Certifier

\_\_\_\_\_  
 E-mail Address

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Date

School stamp/seal:

\_\_\_\_\_  
 School Name

**Please return completed form to the student.**