

Vice President for Extension and Outreach Tuition Assistance Program Application

Note: Before completing the application form, it is strongly recommended you prepare your answers ahead of time so you can copy/paste your text into the application. The [Tuition Assistance Program Outline Document](#) may be viewed online.

Name of Applicant

First Name Last Name

Date of Hire

Position Title

County or ISU Department/Unit

Work Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

Prior to submission deadline, employee has completed a minimum of one year of continuous

employment in ISU Extension and Outreach, working at least 20 hours or more per week.

Yes

No

E-mail

Phone Number

Employee in good standing? See Tuition Assistance Program Outline Document *

Yes

No

Name of Supervisor or Council Chair

Email address of Supervisor or Council Chair

Brief narrative of educational plan and career goals. You will be required to share progress toward educational plan in any subsequent applications. *200 Word Limit

0/200

Semester (month and year) you are requesting tuition assistance reimbursement

Are you requesting reimbursement for courses taken at Iowa State University? If not, state the name of the institution where you have registered?

Amount of assistance being requested? See Tuition Assistance Program Outline Document.

Please choose the degree you are currently obtaining.

Have you been accepted into to a degree-granting program?

Yes

No

If yes, list the name of the degree program.

If you have developed your program of study, please list all courses and course information (course number, name and semester) in which you would like to be considered for VPEO Tuition Assistance.

If you have not applied to a degree-granting program, which semester do you plan to apply?

Please list the name of the course, the course number and the number of course credits for which you are applying for reimbursement?

Cost per credit?

Other source(s) of funds (i.e. departmental support, scholarships, GI Bill, ISU P&S Tuition Reimbursement program, etc.)

By clicking Submit, you are certifying that your supervisor or Council Chair is aware of your educational pl

and supports this application for tuition assistance. By clicking Submit, you are also certifying that you understand that you must remain an Extension employee for at least two years after semester reimbursed for or reimburse ISU Extension and Outreach for tuition assistance provided during the last two years of employment.

Please print a copy of this application before submitting.

Date of submission