



TUITION REIMBURSEMENT REQUEST AND REPAYMENT AGREEMENT

I, _____ request tuition reimbursement from the Massachusetts Technology Collaborative. In consideration of receipt of tuition reimbursement monies from MTC, I hereby agree with MTC to the following:

1. I understand that tuition paid on my behalf by MTC is a benefit to me, my career and professional growth. In recognition of this fact, if I should voluntarily leave employment of MTC or if my employment should be terminated for cause by MTC within one year from the date of any tuition assistance provided to me by MTC, I agree to reimburse MTC for the cost of the tuition.
2. I understand that I will only be reimbursed for tuition expenses that MTC has approved in advance. I understand that I must present a report of a grade of "C" or better for the course from the college or university for which I have received approval for tuition reimbursement.
3. I authorize access by MTC to my college or university records and or/ transcripts.
4. I understand and agree that MTC will payroll deduct any monies owed to them should I not complete my course work in which tuition reimbursement has been received or if I should terminate my employment with MTC within one year of receiving tuition reimbursement or should I be terminated for cause.

Name of College or University I am attending:

Address:

I am an:

☐

Undergraduate student

☐

Graduate Student

**List all courses below and cost associated with each course.
Please attach the course description for each course you plan to take.**

Course:

Cost:

Note:

**Total Tuition Assistance/Reimbursement Amount Requested:
Amount to be approved:**

These courses are relevant to my position and career at MTC (please provide a brief explanation):

Employee Name:

Date:

Employee Signature:

Date:

APPROVALS

Department Manager:

Date:

Director of Human Resources:

Date:

Chief Financial Officer:

Date:

Executive Director:

Date: