



## Graduate School Assistance Program Approval Request

Employee Name: \_\_\_\_\_

Employee ID#: \_\_\_\_\_ Department: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Manager Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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College/University Name: \_\_\_\_\_

Course Name: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Course Start Date: \_\_\_\_\_ Course End Date: \_\_\_\_\_

*Reminder: Employees may be reimbursed up to a maximum \$25,000 of eligible fees and expenses towards an approved graduate program. Reimbursements that exceed \$5,250 per year must be included as income on an employee's W-2 and is subject to tax withholding.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### APPROVAL:

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BSL Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit approved, signed Tuition Assistance Program Approval Request Forms to [HRTuition@discounttire.com](mailto:HRTuition@discounttire.com) for HR approval.

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Office Use Only: Eligibility Verified? Y \_\_\_\_\_ N \_\_\_\_\_ Request Approved? Y \_\_\_\_\_ N \_\_\_\_\_

HR Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_