



# CAREER DEVELOPMENT PROGRAM REQUEST FOR COURSE REIMBURSEMENT



## STUDENT INSTRUCTIONS:

This Reimbursement Certificate is to be completed if you prepaid tuition costs for courses at any accredited institution. The Tuition Assistance Plan requires verification of satisfactory completion prior to reimbursement being paid. The following is requested of you in order to obtain direct reimbursement from the USWA/US Steel Midwest Plant Tuition Assistance Plan.

- **Fill Out Section 1 - 4 of this Reimbursement Certificate**
- **Sign the Reimbursement Certificate**
- **Attach a copy of Receipts or Equivalent documentation from the school**
- **Attach verification of satisfactory completion; copy of grade report, official transcripts, and/or completion certificate.**

### 1. PLEASE TELL US ABOUT YOURSELF:

I am requesting reimbursement from USS Midwest Plant Career Development for **TUITION** totaling \$ \_\_\_\_\_. I have already paid these tuition costs out of pocket for the term beginning \_\_\_\_\_

Name: \_\_\_\_\_ Plant Site: USS Midwest Plant  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Plant Phone: \_\_\_\_\_ USWA Local # \_\_\_\_\_  
 Social Sec #: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Badge #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

### 2. PLEASE TELL US ABOUT THE SCHOOL YOU ARE ATTENDING:

School Name: \_\_\_\_\_ Degree Seeking: \_\_\_\_\_  
 Term starts on: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Term ends on: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

### 3. COURSE INFORMATION:

	Course Name:	Course Number:	Credit Hours:	Amount:
1	_____	_____	_____	\$ _____
2	_____	_____	_____	\$ _____
3	_____	_____	_____	\$ _____
4	_____	_____	_____	\$ _____

**FEEES** \$ \_\_\_\_\_

**TOTAL AMOUNT OF REIMBURSEMENT REQUESTED** \$ \_\_\_\_\_

### 4. I AGREE THAT:

- ❖ This request covers tuition costs only.
- ❖ This request does not include tuition assistance from any other source.
- ❖ When finished with my class, I will send proof of completion to Career Development.

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

\_\_\_\_\_  
Date

RETURN THE REQUIRED INFORMATION TO: Career Development - 1919 Willowcreek Road, Portage, IN 46368 219-762-1044