

CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION REQUEST FOR EDUCATION ASSISTANCE

Spring Semester

Fall Semester

Year _____

Employee Benefit: Please fill out employee section only. **Dependent Benefit:** Please fill out **both** employee and dependent sections.

EMPLOYEE SECTION

Employee Full Name (Last, First) _____ Date _____ Employee's CSULB ID # _____

Department/Office _____ Employee's Work Phone # _____ Email Address _____

Research Foundation Project Name _____ Project Director/Manager _____

The CSULB Research Foundation Educational Assistance Program provides for a maximum reimbursement of tuition/registration fees equivalent to a total of six (6) units of instruction at the prevailing **CSULB State University tuition rate** (not misc. fees) per semester. Course work completed in pursuit of a second Bachelor's degree or a second Master's degree WILL NOT be considered for reimbursement.

DEPENDENT SECTION - Transferring benefit to a dependent, check here

Dependent Last Name, _____ First Name _____

Dependent's Relationship to Employee _____ Mo: _____ / Yr: _____ Is the dependent claimed on employee's health benefit or Income Tax? Yes No

NOTE: Employee's dependent child (who is not married and is under the age of 23)/spouse/domestic partner (who has filed with the California Secretary of State) must be claimed as a legal dependent on employee's health benefits. (Copy of necessary documentation will be requested for verification purposes.)

DEGREE OBJECTIVE (Must Specify Major) Associate's Bachelor's Master's Credential

Name of Major/Program _____
(Attach copy of program description)

Name of School/Institution _____

Complete the following: _____ **Course Description** _____

Course #1 (Name and Number) _____ Units _____
(Attach copy of course description)

Course #2 (Name and Number) _____ Units _____
(Attach copy of course description)

Course #3 (Name and Number) _____ Units _____
(Attach copy of course description)

I hereby request educational assistance in accordance with the Research Foundation Educational Assistance Program. I understand that approval of this request is subject to the availability of funds, program sponsor approval (if required by sponsor) and Project Director approval. Further, I understand that if approved, the reimbursement I have requested will not be processed until I provide a tuition/registration receipt from the institution listed above and proof of successful completion of the course(s) (grade C or better or credit/no-credit course(s)). I also understand that neither I nor my dependent will be eligible for reimbursement if my CSULB Research Foundation employment ends prior to submission of the required reimbursement documentation. I understand that taxable benefits related to this program will be reflected on my annual W-2 form.

Employee Signature _____ Date _____ Research Foundation HR Signature _____ Date _____

Project Director - Print Name _____ Project Director Signature _____ Date _____

Department Name _____ Chartfield # _____

Fund/Dept ID/Project/Program

IMPORTANT: After signing, forward this form, a copy of the course description and program description to Research Foundation Human Resources.