



**BOARD OF COUNTY COMMISSIONERS
TUITION REIMBURSEMENT PROGRAM
APPROVAL TO PARTICIPATE**

Instructions: Employees must obtain prior approval of their educational program before tuition refunds can be claimed. Complete and submit this application along with a copy of the curriculum for the degree or certificate program and documentation of the estimated cost to your Commissioner/Office Director, **prior to the start of classes.** To claim tuition refund for courses completed for the education program described in Section A below, complete and submit a Tuition Refund Claim Form (Form 108.01-66B) within 30 days of receiving official grades.

SECTION A: EDUCATIONAL PROGRAM INFORMATION				
Last Name	First Name		MI	Employee ID
Job Title	District/Office	Employee Status Code	Date of Hire ____/____/____	Work Phone
Title of Degree/Certificate		Name of Educational Institution		
MAJOR _____		Undergraduate ____	Graduate ____	Online ____ Other ____
Est. Program Cost (all years) \$ _____		Credit-hours Required _____	Program Start Date _____	
Explain how this degree/certification will improve your effectiveness in delivering services to County residents, job performance and your ability to assume additional responsibilities. (Attach additional sheets if necessary)				

EMPLOYEE DISCLOSURE

Please initial each statement to indicate you understand, accept, and will comply with the provisions.

- _____ I reviewed the information provided at CHANGE LINK TO BCC PROCEDURES LINK and I fully understand and accept all the requirements, provisions and penalties associated with the BCC Tuition Support Program. I affirm that I will comply with all the provisions of the BCC Tuition Support program.
- _____ I shall immediately disclose to my Tuition Reimbursement Coordinator all financial assistance (scholarships, grants, stipends, waivers, discounts, fellowships, military and veterans' benefits) and other non-refundable financial assistance received for this educational program upon receipt of such assistance, regardless of the timing of receipt. I understand tuition refunds are paid net of all such assistance (except loans) regardless of whether this assistance was used to pay tuition costs.
- _____ I understand that failure to strictly comply with the mandatory financial disclosures during my participation in this degree program, and any misrepresentation of information shall result in denial of tuition refund, and may result in criminal prosecution and disciplinary action, including dismissal from County service.
- _____ I authorize Miami-Dade County to access my educational and financial records from the educational institution named above and authorize the educational institution to disclose same to Miami-Dade County.

_____	_____	_____
Employee's Name (Print)	Employee's Signature	Date

SECTION B: FOR COMMISSIONER/OFFICE DIRECTOR USE ONLY		
I reviewed this application and the eligibility requirements. I approve ___ /do not approve ___ this employee to participate in the BCC Tuition Refund Program. (Attach supporting documents as needed)		
_____	_____	_____
Commissioner/Office Director's Name (Print)	Commissioner/Office Director's Signature	Date

SECTION C: FOR TUITION REIMBURSEMENT COORDINATOR USE ONLY		
Approved/Not Approved (Circle one)		
_____	_____	_____
Tuition Reimbursement Coordinator (Print)	Tuition Reimbursement Coordinator Signature	Date