

**Southeast Missouri State University  
Cooperative Graduate Program Reimbursement Request Form**

**I certify that I am enrolled in a \_\_\_\_\_ doctoral program; \_\_\_\_\_ master's program.**

I request reimbursement under the Cooperative Graduate Credit Program for the following coursework:

Semester	Course ID	Course Title	Credit Hours	Incidental Fee Cost

If coursework is scheduled during the employee's normally scheduled work hours, please indicate below how said work will be covered (ie. rescheduled work hours; vacation leave; and/or leave without pay): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Income to be Applied to Cooperative Graduate Coursework

Type of Payment (grants, scholarships, other programs, etc.)	Description	Amount

The amount of incidental fee reimbursement I am requesting is: \_\_\_\_\_ [derived by multiplying the total Full Incidental Fee Cost (less any scholarship or grant payments) by 60%].

I understand that to obtain reimbursement:

- my request must be made in accordance with the terms established by University Operating Procedures (03-21) under which the program is established, and
- all copies of documents required in the University Operating Procedures must accompany this form.

**Attestation and Agreement:**

I attest that my reimbursement request is for monies paid by me and that I have not received, nor am I eligible to receive, reimbursements or payments from other sources including, but not limited to, scholarships, grants, gifts, other reimbursement programs, and so forth. I understand that a material misrepresentation on this form constitutes my obtaining state funds improperly that will result in the termination of my employment and subject me to possible criminal prosecution. I further agree to repay Southeast Missouri State University any improperly obtained reimbursements and any attorney's fees that the University may incur as a result of actions the University may take in order to obtain repayment of improperly obtained reimbursements.

Employee Signature

Date

Employee Printed Name

Approvals:

1. \_\_\_\_\_  
Supervisor

\_\_\_\_\_ Date

2. \_\_\_\_\_  
School of Graduate Studies

\_\_\_\_\_ Date

Office Use

\_\_\_\_\_ Human Resources

\_\_\_\_\_ Date

Index from which employee is paid: \_\_\_\_\_

## **Enrollment in Cooperative Graduate (Doctoral and Master's) Credit Courses:**

1. Full time and part-time regular employees (80% or more FTE) may enroll in cooperative graduate (doctoral and masters) coursework for reimbursement pursuant to the terms of a written agreement with Southeast Missouri State University.

The programs that are eligible will be approved by the Provost. An employee must obtain his/her supervisor's approval, in writing, of the intent to enroll in coursework. Any rescheduled work time requires the consent of the supervisor and the appropriate Dean or Director. The employee should indicate in writing how the work hours missed will be made up such as; rescheduling the work to another time; using vacation leave time; or taking leave without pay. After appropriate approval, the employee and supervisor must maintain written documentation of the rescheduled work time. Employees should send the completed Cooperative Doctoral/Master's Program Agreement and Cooperative Graduate Program Reimbursement Request Form to Human Resources. The forms can be downloaded and printed from the Human Resources Forms under Benefit Forms at [http://www.semo.edu/hr/forms\\_list.html#Benefit\\_Forms](http://www.semo.edu/hr/forms_list.html#Benefit_Forms).

2. Employees will be charged in accordance with the policies of the cooperative institution and will be reimbursed up to 60% of incidental fees for courses in which the student earns a B or better. In order to obtain the benefit, employees must provide Human Resources with evidence of the individual's eligibility by the end of the first full month following the completion of the course. Evidence of eligibility includes the completed reimbursement request form, an itemized bill, a paid receipt, and a grade report.
3. All general and miscellaneous fees are the responsibility of the student. No such fees will be waived or reimbursed.
4. If enrolled in a cooperative graduate program, per written agreement (Cooperative Doctoral/Master's Program Agreement), the employee is required to remain employed with the University for two full years beyond the completion of the last course reimbursed. If the employee does not complete the service obligation to the University, the employee will be required to refund 100% of the total reimbursed portion paid by the University for the last two years from the date of the termination. No refund will be necessary should the employee be terminated by the University prior to the completion of the required service.
5. The privilege of being reimbursed for cooperative graduate credit courses is not available to spouses, dependents, or temporary employees.
6. These Operating Procedures are effective for courses taken August 1, 2017, or later.