

**MEMORANDUM OF AGREEMENT FOR TUITION REIMBURSEMENT**  
**Radford University**

Name of Employee \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Beginning and Ending Dates of Course or Leave \_\_\_\_\_

Attended/Location \_\_\_\_\_

Institution to Be Attended/Location \_\_\_\_\_

Terms and Amount of Stipend \_\_\_\_\_

FOAP Code \_\_\_\_\_

**JUSTIFICATION**

1. General Description of Program \_\_\_\_\_

2. Objective of Program and Benefit to Radford University \_\_\_\_\_

**AGREEMENT**

1. I agree to pay all non-tuition expenses associated with taking the course identified above, i.e., books, study materials, etc.
2. I agree to pay the cost of tuition with the understanding that I will be reimbursed if I successfully complete my course.
3. I agree to furnish Radford University Human Resources with a copy of the university transcript or other acceptable record that the course taken has been successfully completed.
4. I agree to work with my supervisor or department head to make-up all time missed on an hour-for-hour basis.
5. I understand that payment may be made directly to the institution for an employer-required course. In this case, numbers 2, 3 and 4 above do not apply.

\_\_\_\_\_  
Signature of Employee Date

1. I agree that the course described above is job-related and would be of benefit to the employee and department.
2. I agree that with the receipt of appropriate documentation and concurrence of Human Resources, I will reimburse the employee the cost of tuition from department funds, unless the payment was made by RU directly to the institution.

\_\_\_\_\_  
Name of Department Head Signature of Department Head Date

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**HUMAN RESOURCES USE ONLY**

The employee named in this request has met all requirements for the reimbursement of tuition for the course identified.

\_\_\_\_\_  
Human Resources Representative Date