[](https://www.summahealth.org/brandportal/downloads/logos/vertical-logos)

|  |  |  |
| --- | --- | --- |
| **Educational Assistance**  **Pre Approval of Degree Form**  **Must be completed electronically.**  To be eligible for tuition reimbursement, you **MUST** submit a Pre-approval of Degree Form. You are also required to submit a new form any time you change schools or academic programs. Coursework completed towards a degree that has not received pre-approval may be denied reimbursement. Employees completing continuing education courses, need not submit this form.  **This form MUST be submitted *PRIOR* to the start of your course(s).**  **Failure to do so may cause reimbursement to be denied.** | | |
| **Employee#:**  Click here to enter text. | **Employee Name:**  Click here to enter text. | **Job Title:**  Click here to enter text. |
| **Employment Status:**  **FT (32+ hrs per week)**  **PT (20-31 hrs per week)** | **Department/Campus:**  Click here to enter text. | **Work Phone Number:**  Click here to enter text. |
| **Hire Date:**  Month: Click here to enter text.  Year: Click here to enter text. | **Home Phone or Cell Phone #:**  Click here to enter text. | **E-mail Address:**  Click here to enter text. |
| **Name of School:**  Click here to enter text. | **Degree/Major:**  Click here to enter text. | **School Type:**  Local College  On-Line School |
| **Please check appropriate box:**  **Associates Degree**  **Bachelor’s Degree**  **Master’s Degree**  **Doctoral Degree (Per policy, must be by approved by VP for your area)**  **Prerequisite course for degree. A letter outlining which degree you are pursuing, a complete list of the prerequisite courses you need to complete before you can start your degree, and an estimated date you will complete these courses will need to accompany this form.** | | **\*\*If you are attending an on-line school, please provide proof of the accreditation of the school. A screenshot or link to the relevant information on the school’s website may be attached to your email when submitting this form.\*\*** |

|  |
| --- |
| **Application Submission Instructions:** |
| Electronically fill out then print this form and other required documents (as requested above). Scan as one PDF and attach to an e-mail with the subject “Pre-Approval Request: [Employee Name}”  **Please e-mail the PDF file as requested and all communication regarding educational assistance to:**  [**eduassistance@summahealth.org**](mailto:eduassistance@summahealth.org)  **You will receive approval or denial within 2-3 weeks of submission.** |