

# Diocese of Des Moines

## Tuition Assistance Application

First Name	Middle Initial	Last Name
Campus Name	Campus Address	Campus Phone
Employment Date	Position Title	Department/Location

### Enrollment Information

Department	Title of Course	Credit Hours	Semester/Year
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Will this course be taken during work hours? Yes  No

If yes, how do you plan to make up time missed from your job?

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Approval \_\_\_\_\_ Date \_\_\_\_\_

Comments:

Department Director's Approval \_\_\_\_\_ Date \_\_\_\_\_

Comments:

Chancellor's Approval \_\_\_\_\_ Date \_\_\_\_\_

Comments:

Applicants must provide complete information about the course or alternate course to be taken, including tuition amount and all applicable fees. The application must also contain the signature of their supervisor, department director and Chancellor before sending it to Human Resources. **Please attach all receipts and course information to this form.**