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| **Tuition Reimbursement Application** | | | |
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| Applicant Information | | | |
| Name: | | | Date: |
| Title: | Company: | | |
| Email Address: | | | |
| Street Address: | | | Phone: |
| City: | | State: | ZIP Code: |
| PROGRAM INFORMATION | | | |
| Name of School/Training Organization: | | | |
| Street Address: | | Phone: | |
| City: | | State: | ZIP Code: |
| Name of course/seminar: | | | Cost of Tuition: $ |
| Course Start Date: | | Course Completion Date: | |
| Purpose for taking course/seminar: | | | |
| *Applicant must obtain both of the following signatures:* | | | |
| **Supervisor Recommendation**  *As the applicant’s immediate supervisor, I recommend this person for a PMMI Tuition Reimbursement and verify that he/she is an employee of our company and that the course he/she is taking is job-related.* | | | |
| Print Name: | | Phone: | |
| Signature: | | Title: | |
| **PMMI Executive Representative Support**  *As the PMMI executive representative for this company, I support this person’s application for a PMMI Tuition Reimbursement based on his/her supervisor’s recommendation.*  ***I understand reimbursement check will be made out to the employee, not the company.*** | | | |
| Print Name: | | Phone: | |
| Signature: | | Title: | |
| SUBMISSION INSTRUCTIONS | | | |
| * **All of the following must be included:** Your completed application, payment receipt, and copy of final grade report issued by the course provider indicating a grade “B” or higher, or (for training events) a certificate of completion, or (for non-certificate training) proof of attendance. * **By Email:** Email PDF of application & accompanying documentation to[jdavis@pmmi.org](mailto:jdavis@pmmi.org). * **By Regular Mail**: Mail to: Jill Davis • Education & Workforce Development Department PMMI • 11911 Freedom Drive, Suite 600, Reston, VA 20190. | | | |