

# CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION REQUEST FOR EDUCATION ASSISTANCE

Spring Semester

Fall Semester

Year \_\_\_\_\_

**Employee Benefit:** Please fill out employee section only. **Dependent Benefit:** Please fill out **both** employee and dependent sections.

## EMPLOYEE SECTION

Employee Full Name (Last, First) \_\_\_\_\_ Date \_\_\_\_\_ Employee's CSULB ID # \_\_\_\_\_

Department/Office \_\_\_\_\_ Employee's Work Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Research Foundation Project Name \_\_\_\_\_ Project Director/Manager \_\_\_\_\_

The CSULB Research Foundation Educational Assistance Program provides for a maximum reimbursement of tuition/registration fees equivalent to a total of six (6) units of instruction at the prevailing **CSULB State University tuition rate** (not misc. fees) per semester. Course work completed in pursuit of a second Bachelor's degree or a second Master's degree WILL NOT be considered for reimbursement.

## DEPENDENT SECTION - Transferring benefit to a dependent, check here

Dependent Last Name, \_\_\_\_\_ First Name \_\_\_\_\_

Dependent's Relationship to Employee \_\_\_\_\_ Mo: \_\_\_\_\_ / Yr: \_\_\_\_\_ Is the dependent claimed on employee's health benefit or Income Tax? Yes No

**NOTE:** Employee's dependent child (who is not married and is under the age of 23 )/spouse/domestic partner (who has filed with the California Secretary of State) must be claimed as a legal dependent on employee's health benefits. (Copy of necessary documentation will be requested for verification purposes.)

**DEGREE OBJECTIVE (Must Specify Major)** Associate's Bachelor's Master's Credential

Name of Major/Program \_\_\_\_\_  
(Attach copy of program description)

Name of School/Institution \_\_\_\_\_

Complete the following:	Course Description	Units
Course #1 (Name and Number) _____ (Attach copy of course description)	_____	_____
Course #2 (Name and Number) _____ (Attach copy of course description)	_____	_____
Course #3 (Name and Number) _____ (Attach copy of course description)	_____	_____

I hereby request educational assistance in accordance with the Research Foundation Educational Assistance Program. I understand that approval of this request is subject to the availability of funds, program sponsor approval (if required by sponsor) and Project Director approval. Further, I understand that if approved, the reimbursement I have requested will not be processed until I provide a tuition/registration receipt from the institution listed above and proof of successful completion of the course(s) (grade C or better or credit/no-credit course(s)). I also understand that neither I nor my dependent will be eligible for reimbursement if my CSULB Research Foundation employment ends prior to submission of the required reimbursement documentation. I understand that taxable benefits related to this program will be reflected on my annual W-2 form.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Research Foundation HR Signature \_\_\_\_\_ Date \_\_\_\_\_

Project Director - Print Name \_\_\_\_\_ Project Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Name \_\_\_\_\_ Chartfield # \_\_\_\_\_

Fund/Dept ID/Project/Program

**IMPORTANT: After signing, forward this form, a copy of the course description and program description to Research Foundation Human Resources.**