

RCUH Tuition Reimbursement Application

[RCUH Policy 3.460](#)

Instructions: Submit this completed application (along with relevant documentation required) with Principal Investigator acknowledgement and signature via [RCUH Employee Self-Service](#) eUpload feature no later than 2 business days prior to the start of the semester.

If you have any questions, please contact **RCUH Employee Benefits** at rcuh_benefits@rcuh.com

SECTION 1: COURSE DESCRIPTION

Course Semester (follows UH calendar: Fall, Spring, Summer):

University of Hawaii Campus:

Other:

Start Date:

End Date:

**If attending a course of instruction outside of the University of Hawaii system, additional documentation required: current tuition and fee schedule for your university (reimbursement request cannot exceed UH Manoa resident per credit rates), a current course description, and justification that it is a course not similarly offered at a UH campus.*

Course Number:

Course Level: Undergraduate

Graduate

Course Description & Relevance to job:

Credits Requested (max. 3 credits per semester):

Cost per credit:

Total Tuition Reimbursement Requested:

Course Registration and Proof of Payment Attached

SECTION 2: APPLICANT CERTIFICATION OF AWARENESS

- *I acknowledge that I have read RCUH Policy 3.460 and certify that I am eligible to participate in the RCUH tuition reimbursement and the course is eligible for reimbursement.*
- *I will submit my final grade report to within thirty (30) days of course completion with a grade of "C" or better.*
- *I am not receiving any additional financial assistance above and beyond the total reimbursement requested.*
- *I understand that I am responsible for my own tuition bills and associated fees regardless of the amount of assistance provided by the RCUH.*
- *Information provided on this form is true and complete to the best of my knowledge.*

Applicant Signature/Date:

SECTION 3: PRINCIPAL INVESTIGATOR ACKNOWLEDGEMENT

- *This employee is not on a new hire probation or performance probation and is in good standing.*
- *This course is directly relevant to this individual's RCUH position. I am providing additional justification if this course is not directly related to my employee's position description (i.e. stated in the minimum qualifications).*
- *The course dates and instruction times do not interfere with work scheduling and/or project needs.*

Principal Investigator Signature/Date: