



**GREAT FALLS
COLLEGE**
MONTANA STATE
UNIVERSITY

Great Falls College MSU Faculty & Staff Educational Expense Reimbursement

Complete the information below to apply to use professional development funds to reimburse education expenses beyond tuition at a Montana University System institution.

Employee Name: _____ GID#: _____

Dept.: _____

Montana University System Campus attending:

- | | |
|--|--|
| <input type="checkbox"/> Great Falls College | <input type="checkbox"/> Helena College |
| <input type="checkbox"/> Montana State University—Bozeman | <input type="checkbox"/> University of Montana--Missoula |
| <input type="checkbox"/> Montana State University—Billings | <input type="checkbox"/> University of Montana--Western |
| <input type="checkbox"/> Montana State University—Northern | <input type="checkbox"/> University of Montana--Tech |

Current Enrollment: _____ Term: _____ Year: _____

Estimate of fee and educational materials reimbursement: \$ _____

- Educational expenses such as fees and books will be reimbursed up to \$1,000 per employee with the approval of the Department Chair/Supervisor and Human Resources, for permanent Great Falls College employees who are employed at least $\frac{3}{4}$ time (.75 FTE) during the entire semester. This applies to all faculty and staff. *Student, temporary, seasonal or fixed term employees are not eligible to receive this reimbursement.*
- If employment is terminated prior to the end of the term, the expenses will not be reimbursed and the employee will be responsible for all costs associated with enrollment.
- Employees can apply for reimbursement more than once, but total reimbursement will not exceed \$1,000.
- Completed approval form must be submitted no later than the 15th day of class. Reimbursement request must be turned in to HR by June 15, 2026.

Employee Signature

Date

Supervisor/Department Chair Signature

Date

Human Resources/Personnel Signature

Date

*****Below to be completed after completion of term*****

Resubmit this form to HR at the end of the semester, along with copy of your student bill showing payment and an unofficial transcript or other proof of completion.

Total Amount of Reimbursement Request: \$ _____

Transcript or other completion document attached

Proof of payment attached

HR approval for reimbursement: _____