

**MIAMI-DADE COUNTY  
TUITION REFUND PROGRAM  
APPROVAL TO PARTICIPATE IN THE TUITION REFUND PROGRAM  
ADMINISTRATIVE ORDER 7-4**

**Instructions:** Employees must obtain prior approval of their educational program before tuition refunds can be claimed. Complete and submit this application along with a copy of the curriculum for the degree or certificate program and documentation of the estimated cost to your department director, **prior to the start of classes**. To claim tuition refund for courses completed for the education program described in Section A below, complete and submit a Tuition Refund Claim Form (Form 108.01-66B) within 30 days of receiving official grades.

SECTION A: EDUCATIONAL PROGRAM INFORMATION				
Last Name	First Name		MI	Employee ID
Department/Employee Classification /	Dept./Div./Loc.# ____/____/____	Employee Status Code	Date of Hire ____/____/____	Work Phone
Title of Degree/Certificate		Name of Educational Institution		
MAJOR _____		Undergraduate ____ Graduate ____ Online ____ Other ____		
Est. Program Cost (all years) \$ _____		Credit-hours Required _____ Program Start Date _____		
Explain how this degree/certification will improve your effectiveness in delivering services to County residents, job performance and your ability to assume additional responsibilities. (Attach additional sheets if necessary)				
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**EMPLOYEE DISCLOSURE**

Please initial each statement to indicate you understand, accept, and will comply with the provisions.

1. \_\_\_\_\_ I reviewed Administrative Order 7-4 and information provided at ([http://www.miamidade.gov/hr/training\\_tuition\\_refund.asp](http://www.miamidade.gov/hr/training_tuition_refund.asp)) and I fully understand and accept all the requirements, provisions and penalties associated with the Tuition Refund Program. I affirm that I will comply with all the provisions of the County's Tuition Refund program.
2. \_\_\_\_\_ **I shall immediately disclose to my DPR/TRC all financial assistance (scholarships, grants, stipends, waivers, discounts, fellowships, military and veterans' benefits) and other non-refundable financial assistance received for this educational program upon receipt of such assistance, regardless of the timing of receipt.** I understand tuition refunds are paid net of all such assistance (except loans) regardless of whether this assistance was used to pay tuition costs.
3. \_\_\_\_\_ **I understand that failure to strictly comply with the mandatory financial disclosures during my participation in this degree program, and any misrepresentation of information shall result in denial of tuition refund, and may result in criminal prosecution and disciplinary action, including dismissal from County service.**
4. \_\_\_\_\_ I authorize Miami-Dade County to access my educational and financial records from the educational institution named above and authorize the educational institution to disclose same to Miami-Dade County.
5. \_\_\_\_\_ I understand that I will be obligated to remain in the employ of the County for a minimum of one year after completion of coursework. Should I terminate prior to the expiration of this period, I will reimburse the County as stipulated in Administrative Order 7-4.

<hr style="border: 0; border-top: 1px solid black;"/> Employee's Name (Print)	<hr style="border: 0; border-top: 1px solid black;"/> Employee's Signature	<hr style="border: 0; border-top: 1px solid black;"/> Date
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SECTION B: FOR DEPARTMENT DIRECTOR USE ONLY		
I reviewed this application and the eligibility requirements per Administrative Order 7-4. I approve____ /do not approve ____ this employee to participate in the Tuition Refund Program. (Attach supporting documents as needed)		
<hr style="border: 0; border-top: 1px solid black;"/> Department Director's Name (Print)	<hr style="border: 0; border-top: 1px solid black;"/> Department Director's Signature	<hr style="border: 0; border-top: 1px solid black;"/> Date

SECTION C: FOR HUMAN RESOURCES DEPARTMENT USE ONLY		
Approved/Not Approved (Circle one)		
<hr style="border: 0; border-top: 1px solid black;"/> Human Resources Department (Print)	<hr style="border: 0; border-top: 1px solid black;"/> Human Resources Department Signature	<hr style="border: 0; border-top: 1px solid black;"/> Date