

***Employee Education Assistance Plan  
Individual Course Application - Degree Program***

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ xxx-xx-\_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_

Division \_\_\_\_\_ Location \_\_\_\_\_

I request the following academic course(s) be approved for payment under The A.B. Modine Scholars Program: I understand that prior approval is required for a course to be eligible for payment.

**Note: Maximum of six (6) credits per semester are eligible for payment. Maximum of \$5,250.00 is available per calendar year.** Please attach copies of invoices, bills or receipts for tuition and book expenses.

I understand that under the Plan, if I voluntarily leave the Company, I will be required to reimburse 100% of the cost Modine has incurred within one year prior to termination and 50% of any cost Modine has incurred within 12-24 months prior to termination. I also agree to allow Modine Manufacturing Company to make deductions from my regular pay and/or vacation pay in order to make this reimbursement.

Tuition Fee per credit \_\_\_\_\_

<u>Course</u>	<u>Course #</u>	<u># of Credits</u>	<u>Course Costs</u>	<u>Date Paid to Employee</u>	<u>Final Grade</u>
1. _____ Book Title: _____	_____	_____	_____	_____	_____
2. _____ Book Title: _____	_____	_____	_____	_____	_____
3. _____ Book Title: _____	_____	_____	_____	_____	_____

School/Location \_\_\_\_\_

Term Starts \_\_\_\_\_ Term Ends \_\_\_\_\_

Employee \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Plant/Department Manager \_\_\_\_\_ Date \_\_\_\_\_

Division Head \_\_\_\_\_ Date \_\_\_\_\_

Human Resources \_\_\_\_\_ Date \_\_\_\_\_

Corporate Human Resources \_\_\_\_\_ Date \_\_\_\_\_

The above course(s) have been approved subject to Plan limitations. At the end of the term, submit a copy of your final grade report to Human Resources and reimbursement will be processed.