

***Employee Education Assistance Plan
Individual Course Application - Non-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 in order for a course to be subject to 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.