



## Modine Tuition Reimbursement Program Course Application

Name: \_\_\_\_\_ SuccessFactors Employee ID: \_\_\_\_\_

Are the courses you are taking part of a Degree Program? Yes ☐ No ☐

If yes, please indicate the Degree and Degree Level:

Degree: \_\_\_\_\_

Degree Level: Associate's ☐ Bachelor's ☐ Master's ☐

I request the following academic course(s) be approved for payment under The Tuition Reimbursement Program. I understand that prior approval is required for a course to be eligible for payment. I understand that in order to be eligible for reimbursement, I must meet the grade requirements outlined in Tuition Reimbursement Program guidelines and I must submit final grades, tuition invoices and any required learning material receipts to [benefits@modine.com](mailto:benefits@modine.com) within 60 days of completing the course.

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 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.

**Note: The maximum calendar year benefit paid by Modine for employer paid tuition reimbursement is \$5,250.00**

Name of Academic Institution: \_\_\_\_\_

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

Course Title	Course Cost (if available)

Textbook/Learning Material Title	Book/Material Cost (if available)

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

**Required Approvals:**

Manager Approval \_\_\_\_\_ Date \_\_\_\_\_

HR Representative Approval \_\_\_\_\_ Date \_\_\_\_\_