

MEMORANDUM OF UNDERSTANDING



Date: _____
To: _____
From: _____
RE: _____

This document serves as a Memorandum of Understanding regarding the Faculty Tuition Assistance request of _____.
This agreement is made between _____ and the Department of _____.

Per the School of Medicine and Health Sciences Administrative **Policy 5.27: School of Medicine and Health Sciences (SMHS) Faculty Tuition Assistance Process**, the Department of _____ agrees to reimburse _____ of the tuition for _____ for the period beginning _____ and ending _____.
The total amount of tuition incurred was \$ _____. The Department of _____ agrees to pay \$ _____.

Explanation of Request Approval:

RATIONALE EXAMPLE:

Athletic trainers require 50 hours of continuing education units of professional development every 2 years to maintain athletic trainer certification and state licensure. Professional development can occur in several ways, such as attending conferences, online CEU sessions, or through post-graduate coursework for an advanced degree. _____ is a faculty member working on her Doctoral degree, which fits this professional development category. Our accreditation body requires that faculty maintain certification/licensure.

Name, Position

Date

Original to UND Human Resources

cc: Administration and Finance
Education and Faculty Affairs