

Blue Cross and Blue Shield of MA Tuition Reimbursement Program Request for Reimbursement/Grade Reporting Form

05/23/2017

Name: Banerjee, Ayindri Address: 309 Whiting St , Hingham MA
Employee Number: 27182 Email Address: Ayindri.Banerjee@bcbsma.com
Home Phone: 781-875-3290 Work Phone: 617-246-3595
Hire Date: 05-JUL-11 Employment Status: Full-time
Application ID#: 7173 School Name: Harvard Extension School
Request Status: reimbursement Degree Sought: Certificate
Major: Data Science

Is the above address, major and degree sought correct? If not, please cross out the information on this form and write in the change(s).

Within 60 days after course completion, complete the remainder of the form below and provide the following documentation:

- ☐ Grade report for completed course(s) - must include your name and the school's name
- ☐ Fee statement from school (each course must be itemized)

Course Information

Course Number	Course Title	# of Credits	Start Date	End Date	Estimated Costs	Actual Costs	Grade
CSCI E-63	Big Data Analytics	4	15-JAN-17	20-MAY-17	2,550.00		
CSCI E-83	Fundamentals of Data Science	4	15-JAN-17	15-MAY-17	2,550.00		

Financial Aid Information

I am not receiving other financial aid such as scholarships, grants, or V.A. benefits.

Employee Verification

Expected graduation/completion date (mm/yy): _____

I acknowledge that I have answered all questions truthfully and accurately. I understand that falsification, misstatement, or omission of information on this request will lead to disqualification for receipt of tuition reimbursement benefits and/or may result in disciplinary action up to and including termination of my employment. I authorize the educational institution named in this application to release transcript and fee information to Scholarship America if requested.

Employee Signature _____ Date _____

You may mail or email your Request for Reimbursement/Grade Reporting Form to:

Blue Cross and Blue Shield of MA Tuition Reimbursement Program
Scholarship America
One Scholarship Way
PO Box 297
Saint Peter, MN 56082
OR
Scan to Email: bcbsma@scholarshipamerica.org

Provided your request for reimbursement is complete and you meet the eligibility criteria (including satisfactory grades), a check will be sent to your home address provided on your application approximately two to three weeks after your request for reimbursement has been received.