

Application must be made each semester

This application is for the \_\_\_\_\_ semester, fiscal year \_\_\_\_\_.

**STUDENT INFORMATION**

Name \_\_\_\_\_  
Last First Middle Initial

Student Number \_\_\_\_\_

This section to be completed by the Office of Financial Aid

CRN	TITLE AND COURSE NO.	DAYS	TIME	CREDITS	\$ RATE/ CREDIT	\$ TOTAL	REMISSION ALLOWED

**EMPLOYEE INFORMATION**

Full-time Employee     Part-time Employee \_\_\_\_\_%    Department/Program \_\_\_\_\_

Name \_\_\_\_\_ Employee ID Number \_\_\_\_\_  
Last First Middle Initial

Relationship of Dependent to Employee     Dependent Child     Spouse

I certify that the student named in this application is an eligible dependent as described in the university's Tuition Benefits Policy. If this application is for a dependent child, I agree to provide, upon request, proof of dependency (IRS Form 1040); and in the event of my voluntary termination of employment before one year of service with the university, I agree to reimburse the full amount of the tuition benefit accorded. I understand that the value of this benefit may be taxable to me.

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

**APPROVAL**

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

**TO BE COMPLETED BY FINANCIAL AID OFFICE**

Tuition Charges \_\_\_\_\_

Remissions \_\_\_\_\_%

Other Aid \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Entered By \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETION**

***This form must be completed for each semester benefits are requested and must indicate the semester and fiscal year for which benefits are being requested. All sections must be completed in full. Incomplete forms will be returned.***

**Student Information**

Provide full name, student number and course information to include course reference number (CRN), course title and number, days and time the course meets, number of credits, cost per credit hour and total cost for the course.

**Employee Information**

Indicate employee status of "Full Time" or "Part Time." If "Part Time," indicate percentage of effort (e.g., 50%, 75%, etc.).

Provide full name, employee ID number and department/program name.

**Relationship of Dependent**

Check the appropriate box to indicate whether the student is a dependent child or the spouse of the employee requesting the benefit.

**Signatures**

The employee should sign and date where indicated.

**Processing**

After the employee signs the form, it should be forwarded to the Office of Human Resources where it will be reviewed for eligibility and adherence to the Tuition Benefit Policy.

After approval by the Office of Human Resources, the form will be forwarded to the Office of Financial Aid for final processing.

The white copy of this form will be returned to the Office of Human Resources to be included in the employee's personnel file. The pink copy of this form will be returned to the employee.

*Note: The department/program head **is not** required to review or sign this form.*