



Application must be made each semester/term. This application is for the _____ semester/term calendar year _____.

EMPLOYEE INFORMATION

Full-time Employee / Part-time Employee _____ % Employer Department/Program _____ Name Last First Middle Initial Employee ID Number _____

Are you a University Alliance Student Yes No

PURPOSE

Check ONE box below (see following page for explanation)

- Requirement for Non-Job Related Degree Program
Requirement for Job-Related Degree Program
Employee Professional Development (NO CREDIT)

I have registered for the following courses:

This section to be completed by the Office of Financial Aid

Table with 8 columns: CRN, TITLE AND COURSE NUMBER, DAYS, \$ RATE /TIME, CREDITS, REMISSION CREDIT, TAXABLE? \$ TOTAL, ALLOWED

I have read and understand the Florida Tech Tuition Benefits Policy and agree to abide by the Policy. I agree to pay for all charges not covered by the policy and understand that the value of the benefit will be taxed and taxes withheld, as necessary, based upon applicable state and federal regulations.

Employee Signature _____ Date _____

APPROVALS

Department/Program Head _____ Date _____

Senior Vice Provost (ONLY for faculty, flight instructors and postdoctoral) _____ Date _____

Human Resources _____ Date _____

Vice President _____ Date _____ (Signature required for more than 4 credits per term / 6 credits per semester)

TO BE COMPLETED BY FINANCIAL AID OFFICE
Remission _____ %
Entered by _____
Date _____