

## **EMPLOYEE TUITION REMISSION APPLICATION**

Graduate Co	ourses 🗌 Underg	raduate Courses	
Employee's Name	Department_		
Employee ID Number	Full Time Emp	loyment Date	
1.) Course	2.) Course		
Time Offered	Time Offere	Time Offered	
Number of Credits	Number of 0	Number of Credits	
Semester	Semester		
3.) Course			
Time Offered	Employee Sign	nature	
Number of Credits	Supervisor Au	Supervisor Authorization	
Semester			
This Statement of Eligibility, when properly endorsed ea Departments, confirms that the student named is eligible their choice in accordance with regular institutional adm policies and procedures. Applicants must also maintain FOR HUMAN RESOURCES USE ONLY	e for the tuition benefit. nission standards and i	Applicants must be admissible at the institution of must comply with all of the institution's financial aid	
Employee's Job Title		Eligibility Date	
Date of Hire			
Signature of a Human Resources Representative	Date		
FOR FINANCIAL AID USE ONLY			
Students credit eligibility 6 (Part Time) 18 (Full time)			
Signature of Financial Aid Representative		Date	

Specific information regarding the tuition benefit is available through the Human Resource and Financial Aid, offices. It is also available via the Internet in the Human Resources Policies and Procedures Manual. Employees are encouraged to read the policy, which includes form deadlines, maximum benefits, fees, etc.