

TUITION ASSISTANCE TOWARD ADVANCED DEGREE
(must be completed each term)

Employee's Name: _____ Position: _____ Hire Date: _____

School or Department: _____ Current highest degree: _____

Course Level and description: Doctoral Graduate _____

Name of College or University: _____ (attach materials relating to degree program, program accreditation, and tuition costs.)

Number of hours completed: _____ Anticipated Graduation Date: _____

Explain how these courses are related to your work:

Name of Course	Course No.	Inclusive Dates From To	Class Hours	Sem. Hrs. Credits	Tuition Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total _____					

I have read and understand the Tuition Assistance Toward Advanced Degrees Policy and I agree to comply with all conditions. I understand that I will be taxed according to IRS guidelines for graduate/doctoral level coursework, if it is determined the benefit for courses are taxable income.

 Employee Signature Date

Approved _____ Total benefit dollars approved: \$ _____ Disapproved _____
 Comments:

 Provost Signature Date

Comments: Taxable Non-taxable

 Human Resources Signature Date

Full Benefit: _____
 50% paid at successful conclusion of course: _____ (date) 20% at degree completion _____ (date)
 10% year one _____ (date)
 10% year two _____ (date)
 10% year three _____ (date)

****PLEASE NOTE** ALL COPIES MUST BE RETURNED TO THE HUMAN RESOURCES OFFICE. This form CANNOT be processed UNTIL registration is completed for the current term. Tuition assistance will not be approved unless there is a current Tuition Assistance Request on file. Questions regarding the Tuition Assistance Policy should be directed to the Human Resource Office.**

Original and supporting documents: Provost's Office.

Copies: Human Resources and Degree Candidate