EMPLOYEE TUITION ASSISTANCE
(must be completed each term)

Employee's Name: _____ Social Security No: _____ Hire Date: _____
❑ Full time ❑ Part time
Course Level: ❑ Undergraduate ❑ Graduate Do you intend to Audit this course: ❑ Yes ❑ No
I have completed Financial Aid paperwork for undergraduate courses during this school year ❑ Yes ❑ No

Number of hours completed: _____ Anticipated Graduation Date: _____

Number of hours needed to complete degree program: _____

Explain how these courses are related to your work and, if appropriate, toward what degree these courses will apply.

_____

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 Policy and I agree to comply with all conditions. I understand that I will be taxed according to IRS guidelines for graduate level coursework.

_____ _____
Employee Signature Date

Approved _____ Disapproved _____
Comments:

_____
Supervisor Signature Date

Approved _____ ❑ Taxable ❑ Non-taxable Disapproved _____
Comments:

_____
Human Resources Signature Date

Full Tuition: _____ Partial Tuition: _____ Employee Cost: _____

Financial Aid

_____ _____
Registrar Signature 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. University billing may occur during the tuition assistance process. 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 Resources Office.**