

APPLICATION FOR TUITION ASSISTANCE BENEFIT PROGRAM

This application is for the Fall 2008, Spring 2009, and Summer I & II 2009. In order to receive this benefit, you must complete an application each year. Please refer to the Benefits Tuition Assistance section in the Staff and/or Faculty Handbook for procedure requirements.

Employee Name _____

Employee Social Security Number _____

Employee Hire Date _____

If other than self, please provide the following information:

Name _____

Date of Birth _____

Social Security Number _____

Relationship _____

Courses will be taken:

Fall 2008 _____ Approximate Number of Hours _____

Spring 2009 _____ Approximate Number of Hours _____

Summer I 2009 _____ Approximate Number of Hours _____

Summer II 2009 _____ Approximate Number of Hours _____

Signature _____ Date _____

For Human Resources Use Only _____ Approved _____ Denied

Business Office Use Only _____ Fall 2008 _____ Spring 2009

_____ Summer I 2009 _____ Summer II 2009

Financial Aid Office Use Only _____ Fall 2008 _____ Spring 2009

_____ Summer I 2009 _____ Summer II 2009