



APPLICATION FOR EMPLOYEE TUITION BENEFITS

A New Form Must Be Completed For Each Quarter

Quarter _____ Year _____

Student Name _____ SS# _____

ID# _____

Birth Date _____ Age _____

Employee Name _____ SS# _____

ID# _____

Relationship to Employee _____ Date _____

Employee Type Faculty _____ Employee Status Full-Time _____

Staff _____ Part-Time _____

Employee Signature _____ Date _____

For Personnel Use:

Eligible Yes _____ No _____

Personnel Signature _____ Date _____

(Revised 0308)