

**EMPLOYEE TUITION BENEFITS**



**Please complete one form each semester you attend.**

Semester: \_\_\_\_\_

Year: \_\_\_\_\_

Student Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\*\*\*\*\*

Employee Name: \_\_\_\_\_

Student's Relationship to Employee: \_\_\_\_\_

**Employee Type:** Faculty \_\_\_\_\_  
Staff \_\_\_\_\_

**Employee Status:** Full-time: \_\_\_\_\_  
Part-time: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date

**This form must be returned to the Human Resources Office for prior approval. Upon approval, the form will be sent to the Financial Aid Office for processing.**

<b><u>For Personnel Use</u></b>	
Eligible	Yes _____ No _____
Personnel Signature: _____ Date: _____	