

Application must be made each semester

This application is for the _____ semester, fiscal year _____.

STUDENT INFORMATION

Name _____
Last First Middle Initial

Student Number _____

This section to be completed by the Office of Financial Aid

CRN	TITLE AND COURSE NO.	DAYS	TIME	CREDITS	\$ RATE/ CREDIT	\$ TOTAL	REMISSION ALLOWED

SPONSOR INFORMATION

Adjunct Faculty Department _____ ROTC Full time ROTC Part time _____ %

Name _____ Employee ID Number _____
Last First Middle Initial

Home Address _____
City State ZIP

Daytime Telephone _____ Relationship of Dependent to Sponsor Adjunct Dependent Child Adjunct or ROTC Spouse

I certify that the student named in this application is an eligible dependent as described in the university's Tuition Benefits Policy. If this application is for a dependent child, I agree to provide, upon request, proof of dependency (IRS Form 1040). I understand that the value of the benefit will be reported as income, as necessary, based upon applicable state and federal regulations.

Employee Signature _____ Date _____

APPROVAL

Credits Approved _____ Human Resources _____ Date _____

TO BE COMPLETED BY FINANCIAL AID OFFICE

Tuition Charges _____

Remissions _____ %

Other Aid _____

Entered By _____ Date _____

INSTRUCTIONS FOR COMPLETION

This form must be completed for each semester benefits are requested and must indicate the semester and fiscal year for which benefits are being requested. All sections must be completed in full. Incomplete forms will be returned.

Student Information

Provide full name, student number and course information to include course reference number (CRN), course title and number, days and time the course meets, number of credits, cost per credit hour and total cost for the course.

Sponsor Information

Indicate employee status of "Adjunct Faculty" and specify department, or "ROTC." If "ROTC Part Time," indicate percentage of effort (e.g., 50%, 75%, etc.).

Provide full name, employee ID number and daytime telephone number.

Relationship of Dependent

Check the appropriate box to indicate whether the student is a dependent child or the spouse of the sponsor requesting the benefit.

Signatures

The sponsor should sign and date where indicated.

Processing

After the sponsor signs the form, it should be forwarded to the Office of Human Resources where it will be reviewed for eligibility and adherence to the Tuition Benefit Policy.

After approval by the Office of Human Resources, the form will be forwarded to the Office of Financial Aid for final processing.

The white copy of this form will be returned to the Office of Human Resources. The pink copy of this form will be returned to the sponsor.