

Application for Tuition Assistance

Name of eligible faculty/staff employee: _____ Date: _____

Department	Building	Room
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Application for:

Fall Spring Summer 1 Summer 2

Tuition Assistance for: **(Include self and all family eligible for this semester)**

	Name	Banner ID or SSN #	Course(s)
<input type="checkbox"/>	Self _____	_____	_____
<input type="checkbox"/>	Spouse _____	_____	_____
			Dependent Date of Birth
<input type="checkbox"/>	Dependent _____	_____	_____
<input type="checkbox"/>	Dependent _____	_____	_____
<input type="checkbox"/>	Dependent _____	_____	_____

Employee: I certify that I am an active full time regular or a retired faculty/staff employee of The University of Alabama in Huntsville and that I and/or my spouse and unmarried dependent children (under 26 years of age) are eligible for tuition assistance in accordance with University policy.

_____ Date _____
Signature

Supervisor: I certify that this staff employee has my approval for the course(s) listed above and **that all work time lost due to class attendance will be made up or charged to appropriate leave. (Certification not required for faculty, or if application is for dependents and/or spouse only).**

_____ Date _____
Immediate Supervisor

Human Resources: Your request for tuition assistance has been approved for: _____.

Approved by: _____ Date _____

This completed form must be submitted in duplicate to the Employee Benefits office one week prior to tuition bill due date.