

## Application for Tuition Assistance

Name of eligible faculty/staff employee: \_\_\_\_\_ Date: \_\_\_\_\_

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Department Building Room

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 _____	_____	_____
			<b>Dependent Date of Birth</b>
<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 to the Employee Benefits office one week prior to tuition bill due date.**