



APPLICATION FOR TUITION ASSISTANCE AT EMPORIA STATE UNIVERSITY
(See Tuition Assistance Guidelines for eligibility requirements and procedures)

Date Name Employee ID No.

E-mail address

Employment Status

Division Phone Box No.

Position currently held Classified Staff Faculty Unclassified Staff

Date appointed to: Present position First position at ESU

Hours worked per week Work hour schedule

Education

Degree seeking: Yes No Job Enhancement: Yes No

No. of undergraduate hours completed Major Degree achieved

No. of graduate hours completed Major Advanced degree achieved

Last course taken

Was Tuition Assistance granted: Yes No

Grade Received Term Taken: Year Fall Spring Summer

Applicant's signature on this form grants permission to the Tuition Assistance Board to check the transcript for verification of grades and dates.

REQUIRED: For an application to be considered, a statement explaining how this educational experience will benefit you and the University must be attached to the application form.

Request (Limit: 6-hour equivalent) Term Applying For: Fall Spring Summer

Amount of Tuition Assistance Request \$

Course No. Section Title

Day(s) Time offered: From To Credit Hours

Course No. Section Title

Day(s) Time offered: From To Credit Hours

Course No. Section Title

Day(s) Time offered: From To Credit Hours

*List any financial aid you are receiving. By signing this application, I authorize ESU's financial aid office to release aid information to the committee.

EMPLOYEE AGREEMENT: Acceptance of tuition assistance by an employee means the employee agrees to the following: 1) The employee is responsible for qualifying for admission to ESU and the course for which he/she is requesting tuition assistance; 2) The employee must notify the Human Resources Office immediately if he/she is not going to enroll in or drop the approved course(s); 3) If the employee leaves employment with ESU before completion of the course(s), he/she agrees to reimburse ESU for tuition assistance received from this program for the course(s).

Revised work schedule and/or release time for course work will be approved by the employee's supervisor and/or the appropriate administrative head, who will have the final decision. Signatures below indicate approval of a revised work schedule and/or released time.

REQUIRED SIGNATURES:

Signature of Applicant Date

Signature of Direct Supervisor Date

Signature of Department Head Date

Please return completed form to Human Resources Office, Campus Box 4044.