

Tuition Assistance Application

<u>Instrue</u>	3. Complete Tui	lasses - Contact Offic	e of the Registratication with appr	r for assistance opriate signatures a	ply/ and return to Office of Human Resources prior
For more information, please see the Lander University <u>Tuition Assistance Policy</u> .					
Name:				L Number:	
Department:				Campus Phone Number:	
Title of Position:			Employment Date:		
ENROLLMENT INFORMATION					
I.	Academic Term:	Fall 20	Spring 20	_ Summer 20_	
II.	Tuition assistance may be provided for no more than six credit hours per academic term per employee.				
	Course Title: Course No.:				Semester Hours:
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III.	NOTE: Lander University will coordinate tuition assistance with other educational or scholarship funds the student receives. The combination of tuition assistance, grants, and scholarships shall <u>not</u> exceed the cost of the tuition and fees for the approved course(s). In the event that grants and scholarships meet or exceed those costs, tuition assistance may not be awarded.				
IV.	Will any courses be taken during work hours?				
	If yes, how do you plan to make up time missed?				
V.	Employee Statement: Since the class(es) requested may or may not be available at the time of actual registration, I will discuss any change in classes with my supervisor and will submit a revised tuition assistance form indicating the changes in course or time. I also understand, in the event that I withdraw from or fail the course(s) taken, I will make arrangements to reimburse the institution for the cost of tuition assistance granted within 30 days. Failure to reimburse these costs will result in wage garnishment or other appropriate deductions from any compensation due to me.				
	Employee Signature				Date
VI.	Approval:				
	Supervisor				Date
	Office of Human Reso	urces			Date