Request for Employee Tuition Discount

Student Financial Services must receive the completed request form

**no later than one week prior to late registration**. Graduate course are not eligible.

**Step 1: To be completed by Employee**

Eligible Employee’s Name:       Date of Hire:

Beneficiary of Employee Discount:       (your name, spouse’s name, child’s name)

Relationship to Employee: **[ ]** Self  **[ ]** Spouse **[ ]** Child If child, birth date:

Please mark appropriate program with an “x” [ ]  Traditional [ ]  CEL [ ]  Specs Howard (max 50%)

Please mark current employee status with an “x” [ ]  Fulltime (max 100% self/spouse ~ max 80% dep. child) (Percentages are based on years of services) [ ]  Part-time (max 65% self/spouse/dependent child)

Class Schedule

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Term | Course # | Total # of Credit Hours |  Course Name | AuditY/N | Total Cost |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |

Employee Signature: \_\_\_\_ Date: \_\_\_\_\_\_\_\_

Department

Head Signature: \_\_\_ Date: \_\_\_\_\_\_

# **Step 2:** To be completed by Kara Miller

# Eligible Discount Percentage: \_\_\_\_\_\_\_\_\_\_

#  Approved by:

 Date:

Kara Miller, Director of Student Financial Services

**Step 3:** To be completed by Financial Services Advisor

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | [ ]  | FAFSA Completed | [ ]  | Award letter to employee/student |

# Processed by: