

# Employee Tuition Assistance Application

Please Print

Name (Last, First, Middle Initial)		REQUIRED: WSU Banner ID (9-digit)	REVISED _____ YES Senior BENEFIT _____ YES
Employed in School, College Or Division and Department	Job Title		Enter an E-mail address if you want to receive confirmation after the benefit is processed
Year: _____ Term: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring/Summer			TOTAL Credit Hours Requested for Tuition Benefit:
Subject	Course Number	Section	Credit Hours

**INSTRUCTIONS:**

- For Tuition Assistance Benefits details see our website : [http://www.hr.wayne.edu/tcw/benefits/tuition\\_benefits.php](http://www.hr.wayne.edu/tcw/benefits/tuition_benefits.php)
- Submit this form AFTER completion of the Registration Process.
- Send this form via **email to [ay3184@wayne.edu](mailto:ay3184@wayne.edu)** (PDF only) or **FAX to 313-577-0637** or **mail to Total Compensation & Wellness (TCW) , 3638 A/AB, Wayne State University, Detroit, MI 48202** . Electronic signatures are permitted.
- This form, or any revised form, is due to TCW by the last day of the Late Registration Period for the term for which benefits are requested.
- A new application form (marked "REVISED") must be submitted if there is an enrollment change of any kind.
- For questions and assistance: contact [benefits@wayne.edu](mailto:benefits@wayne.edu)

**READ CAREFULLY:**

- An employee must be an Eligible Employee with a hire date on or before the last day of the Open Registration Period for the term for which benefits are requested.
- The employee must remain on the WSU payroll until the end of the term for which benefits are requested, or benefits will be forfeited.
- The employee must earn a passing grade for undergraduate courses of "D" or better and for graduate courses of "C" or better, or benefits will be forfeited.
- The employee is required to successfully complete the courses. If the enrolled person drops a course, withdraws from a course, or takes an incomplete for the course, the benefit will be forfeited.
- Graduate level courses may be subject to income tax.
- The tuition assistance is calculated on tuition, omnibus fee, fitness center fee and registration fee. The student is responsible for all other charges.

**EMPLOYEE CERTIFICATION:** By typing or signing my name below, I certify that I am an Eligible Employee of Wayne State University and that the above information is complete and accurate and I am familiar with the eligibility and forfeiture requirements.

\_\_\_\_\_  
Employee's Signature (e-signature) Date

**EMPLOYEE PROMISSORY NOTE:** In consideration for being allowed to register and attend classes at Wayne State University pursuant to the University's Tuition Assistance Benefit Program during the Year \_\_\_\_\_ Term \_\_\_\_\_, I, \_\_\_\_\_, in the event I fail to satisfy any of the requirements for Employee Tuition Assistance Benefits, promise to pay to Wayne State University, upon demand, a sum equivalent to the tuition benefit. I authorize Wayne State University to collect this sum from any amounts due to me from Wayne State University including, but not limited to, compensation in the form of salary and/or wage payments up to the maximum amount allowed by union contract, University policy and other applicable law, until the entire amount of my obligation has been satisfied. By typing or signing my name below, I certify that I have read and understand this agreement and agree to be bound by its terms.

\_\_\_\_\_  
Employee's Signature (e-signature) Date

**TOTAL COMPENSATION AND WELLNESS USE ONLY:**

Employee Class	Appoint Percent	Date of Hire	Credit Hours	Level	College	Residence	Class	Benefit Amount