Aurora University 1893

EMPLOYEE TUITION ASSISTANCE
(must be completed each term)

Employee Name: _____ ID Number: _____ Hire Date: _____
❑ Full time ❑ Part time Campus Location: _____
Course Level: ❑ Undergraduate ❑ Graduate Do you intend to Audit this course: ❑ Yes ❑ No
I have completed Financial Aid paperwork for undergraduate courses during this school year ❑ Yes ❑ No

Hours completed: _____ Hours needed to complete degree: _____ Anticipated Graduation Date: _____

Explain how these courses are related to your work and, if appropriate, toward what degree these courses will apply.

_____

Name of Course	Course No.	Dates of classes: From	To	Class Hours	Sem. Hrs. Credits	Tuition Cost
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
				TOTALS	_____	_____

I have read and understand the Tuition Assistance Policy and I agree to comply with all conditions. I understand that I will be taxed according to IRS guidelines for graduate level coursework.

_____ _____
Employee Signature   Date

Comments: Approved _____   Disapproved _____

_____ _____
Supervisor Signature   Date

Comments: Approved _____ ❑ Taxable ❑ Non-taxable   Disapproved _____

_____ _____
Human Resources Signature   Date

Full Tuition: _____   Partial Tuition: _____   Employee Cost: _____ | Financial Aid

_____
Date

HR/Registrar/Financial Aid Notes:

PLEASE NOTE ALL COPIES MUST BE RETURNED TO THE HUMAN RESOURCES.
This form CANNOT be processed until registration is completed for the current semester. University billing may occur during the tuition assistance process. Tuition assistance will not be approved unless there is a current Tuition Assistance Request on file. Questions regarding the Tuition Assistance Policy should be directed to Human Resources.