McKendree University FACULTY/STAFF TUITION BENEFIT INFORMATION/APPROVAL FORM

The Faculty/Staff Tuition Benefits Information/Approval form must be completed and returned to the Human Resource Office prior to the start of the semester you are planning to attend.

STUDENT NAME:			
HOME ADDRESS:			
HOME PHONE:	WORK PHONE:	SCHOOL YEAR:	
UNDERGRADUATE: STATUS:	FRSOJRSR	_ GRADUATE:MAJOR:	
FACULTY/STAFF NAME:	E: DEPARTMENT:		
All Faculty/Staff and/or their dependen Free Application for Federal Student A financial aid. The FAFSA should be o have otherwise been eligible for the s have been applied. The FAFSA filing number.	id (FAFSA) each year to det completed as soon as possib tate grant, McKendree will	ermine whether the student will recei le after October 1 st . If you miss the only cover the cost of tuition after	ve other types of e deadline, and would funded aid would
HAVE YOU COMPLETED THE FRE	E APPLICATION FOR FAS	SFA? Yes No N/A	
HAVE YOU RECEIVED YOUR STU A copy of Faculty/Staff Tuition Benefi			

If receiving faculty/staff tuition benefit for my dependent or myself, I agree to remain under the employ of the university for a period of 24 months after the end of the last course taken and further authorize the university to deduct the cost of the last two semesters' classes, (fall, spring, summer), as designated in the policy manual. (_____)

Graduate tuition remission in excess of \$5250 per year will be considered taxable income and an adjustment to your taxable income will be made in the December paycheck which may result in a reduced paycheck for that month. (_____)

Please forward to Office of Human Resources for approval prior to sending to Financial Aid. Appeals for denied benefits should be made directly to the Human Resource Office.

Employee Signature/ Date

If employee is the student, supervisor must sign/date.

The employee has shown proof of guardianship of a dependent in the form of a birth certificate, tax return, adoption decree, or similar document, and dependent must be less than 25 years of age as of the first day of the semester or term in order to qualify for tuition benefits.

APPROVAL BY VICE PRESIDENT (IF TUITION BENEFIT	IS FOR EMPLOYEE): Yes No		
Signature:	Date:		
APPROVAL BY PRESIDENT (GRADUATE SCHOOL ONLY): Yes No			
Signature:	_ Date:		
APPROVAL OF DIRECTOR OF HUMAN RESOURCES: Yes No			
Signature:	_ Date:		