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	S: FR SO JR SF	R GRADUATE:_	MAJOR:
FACULTY/STAFF NAME:		DEPARTMENT:	
Free Application for Federal Student financial aid. The FAFSA should be	Aid (FAFSA) each year to e completed as soon as post state grant, McKendree	determine whether the ssible after October will only cover the co	1st. If you miss the deadline, and would ost of tuition after funded aid would
HAVE YOU COMPLETED THE FR	EE APPLICATION FOR I	FASFA? Yes No	N/A
HAVE YOU RECEIVED YOUR ST A copy of Faculty/Staff Tuition Bene			
	he last course taken and fur	ther authorize the uni	under the employ of the university for a versity to deduct the cost of the last two
Graduate tuition remission in excess of income will be made in the December Please forward to Office of Human R should be made directly to the Human	r paycheck which may result esources for approval prior	lt in a reduced payche	
Employee Signature/ Date	If emp	ployee is the student,	 supervisor must sign/date.
	st be less than 25 years of ag		pertificate, tax return, adoption decree, or of the semester or term in order to qualify
APPROVAL BY VICE PRESIDENT	(IF TUITION BENEFIT I	S FOR EMPLOYEE)): Yes No
Signature:		Date:	
APPROVAL BY PRESIDENT (GRA	ADUATE SCHOOL ONLY	(): Yes No _	
Signature:		Date:	
APPROVAL OF DIRECTOR OF HU	JMAN RESOURCES: Ye	s No	
Signature:			