(This form is for ASU employees.)

Athens State University Tuition Assistance Form

EMPLOYEE:

Employee's Name:_____ Position/Title:_____

Student's Name:_____ Student I.D. Number:_____

Relationship to Employee: (check one): ( ) Self ( ) Spouse

( ) Unmarried Child ( ) Unmarried Step-Child

( ) Legal Ward

Does the Dependent Student live with you? ( ) Yes ( ) No Your former spouse? ( ) Yes ( ) No

Institution to Attend: Athens State University Semester/Year_____

Total Hours Credit:_____ Total Hours for Audit:_____

Please indicate that you understand and will comply with the following by initialing each item:

_____ All fees (other than portion of tuition waiver), books and supplies are the responsibility of the student.

_____ Student must maintain a cumulative GPA of 2.0

_____ Maximum of one audit per term

_____ Waiver does not apply to repeated courses

_____ _____-

Employee Signature Date

FOR ASU HR USE ONLY:	**FOR ASU BUSINESS OFFICE USE ONLY:**
Full Waiver _____	Students' GPA at least 2.0? ( ) Yes ( ) No
2/3 tuition waiver _____	Verified By:_____
1/3 tuition waiver _____	Date Verified:_____
Full-Time Employment Date:_____	
_____/_____ Office of Human Resources Certification Date	

Participation in this program is **in addition** to the employee's full-time work week, and should not be considered when computing the employee's time for financial compensation. However, in certain cases the employee's work schedule may be adjusted to permit course attendance. Adjustments to an employee's weekly work schedule must be recommended by the employee's supervisor and/or Vice President and approved by the President.

Employee's Supervisor's Approval:

The employee and I have read the policy stated above concerning participation in this program.

_____No adjustment to work schedule is necessary for participation in this program.

_____An adjustment to the employee's work schedule will be necessary. I have attached a recommendation for this adjustment that has been approved by the appropriate Vice President and President.

_____ Supervisor's Signature & Date

_____ Vice President's Signature & Date