

The Alabama Community College System

Athens State University Tuition Assistance Form

EMPLOYEE:

Employee's Name: _____ Position/Title: _____

Employer: _____ Employee Contact Number (Phone): _____

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.

_____ Maximum of twelve (12) credit hours per term

_____ Maximum of two online courses per term

_____ 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 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	

I hereby certify that the above named employee is an eligible employee of The Alabama Community College System and is entitled to receive all benefits granted under the Employees' and Dependents' Tuition Waiver Program.

_____ / _____

PRESIDENT

DATE

ALL INFORMATION AND SIGNATURES MUST BE COMPLETE BEFORE FORWARDING TO ATHENS STATE UNIVERSITY.