

Jacksonville State University
REQUEST FOR TUITION ASSISTANCE

SECTION 1 EMPLOYEE INFORMATION

Employee Name _____ Employee ID# _____

Department _____ Employee Status ☐ Active ☐ Retired ☐ Deceased

Complete the lines below **only** if this request is for a dependent (one form per dependent per academic year). Assistance will be provided for no more than 16 UG or 12 G hours.

Dependent Name _____ Student ID# _____ Relationship _____ Age (if dependent) _____ Circle one
_____ **Grad / Undergrad**

Students are restricted from receiving both tuition assistance and certain University funded scholarships, such as Faculty Scholars, Leadership, athletic, band and other not funded through endowments. Is the person requesting tuition assistance receiving a JSU Scholarship? ☐ YES, if yes please list scholarships below ☐ NO

Scholarships _____

I understand that by signing this form, I give permission for the employee and HR to have access to my academic and financial aid records.

Student Signature

Date

I certify that courses taken by myself or my dependent(s) are in accordance with the University's policies on tuition assistance and class attendance. I have read the tuition assistance policy and understand that the amount of tuition assistance I (or my spouse/dependents) receive is based on GPA and is approved by academic year. I understand that this policy applies to classroom rates and that I will be charged the difference between classroom rates and distance rates. I understand that approval of tuition assistance for the current year is no guarantee of tuition assistance in the future. I understand that falsification of this form or violation of these policies will result in forfeiture of eligibility for tuition assistance for one year. I further understand that any tuition for myself and/or dependents may be treated as taxable income to me if required by law.

Employee Signature

Date

As the immediate supervisor, I understand that it is my responsibility to ensure compliance with the class attendance policy, if the tuition assistance request is for a JSU employee.

Supervisor Signature

Date

SECTION 2 REGISTRAR'S OFFICE

First time freshman or transfer students with no previous JSU academic record ☐ YES ☐ NO, please see below

List institutional GPA for previous, or most recent, academic year or term; if less than one academic year attended: _____

Registrar Office Signature

Date

SECTION 3 HUMAN RESOURCES

Eligible employee or dependent ☐ YES ☐ NO Tuition Assistance _____% Approved until _____
Date

HR Signature

Date

SECTION 4 FINANCIAL AID

Assistance to be applied \$ _____

Financial Aid Signature

Date