

Academic Year _____

Self Spouse or Same Sex Partner Dependent Child

Student Name (last, first, middle initial) _____ Student ID _____ Student Age (Dependent children covered to age 24) _____

Employee Name (last, first, middle initial – if different from student's) _____ Employee ID _____ Department _____

EMPLOYEE SECTION

- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Student has prior B.S./B.A. degree. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. My/family adjusted gross income is over \$80,000. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I claimed the above named dependent on my tax form or the above is a legal dependent under IRS rules (may include spouse or same sex partner). | <input type="checkbox"/> | <input type="checkbox"/> |

Instructions: Submission of this form is required to receive SSU tuition waiver/reimbursement benefits. Complete the employee section, obtain your administrative supervisor's signature and submit to the Human Resources Department two weeks prior to the beginning of your starting term.

Reimbursement will be issued to the student once academic credit has been earned for the course(s). If academic credit is not earned, reimbursement will not be issued.

All students must meet SSU admission and federal standards of progress guidelines. The Office of Financial Aid will make the final determination whether a FAFSA must be filed by a student. Approval of this request permits waiving/reimbursement of SSU tuition (includes general, instructional, technology, and out-of-state fees). The SSU employee receiving this benefit for him/herself or on behalf of a spouse, same sex partner, or dependent is responsible for all other fees (bond fee, course fees, late fees, etc.) associated with each course.

Employee Signature _____ Date _____

SUPERVISOR

Account Number: 10 - _____ - _____ - _____ - 58402 - 10000 - 00000

Administrative Supervisor Approval: _____

HUMAN RESOURCES

- | | | | |
|-------------------------------------------------------|-----------------------------------------------|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Full-time Administrator/ATSS | <input type="checkbox"/> Full-service Faculty | <input type="checkbox"/> Full-time Hourly | <input type="checkbox"/> Adjunct Faculty |
| <input type="checkbox"/> Part-time Administrator/ATSS | <input type="checkbox"/> Full-time Instructor | <input type="checkbox"/> Part-time Hourly | |

Human Resources Approval: _____

FINANCIAL AID

Fees/Aid	Summer	Fall	Spring	Tuition Waiver
Tuition	_____	_____	_____	_____
Out of State Tuition	_____	_____	_____	Tuition Reimbursement
Total	_____	_____	_____	_____
Pell Grant	_____	_____	_____	FAFSA
OCOG	_____	_____	_____	_____
Other	_____	_____	_____	Cumulative Attempted Hours
Fee Waiver	_____	_____	_____	_____