



SALUS UNIVERSITY APPLICATION FOR TUITION ASSISTANCE

Approval for Tuition Assistance must be obtained before the semester begins. Full-time faculty and administrative staff are eligible. Complete all items and have application signed by your Department Head, then forward to Human Resources Department for approval. A copy of the approved application will be returned to you.

Before reimbursement can be processed, the employee must submit **RECEIPTED TUITION BILL** indicating cost per credit hour (no cancelled checks or credit card receipts) and **GRADES**, upon successful completion of course(s). Reimbursement does not include fees, books or supplies. Courses must be taken on the employee's own time, after hours of normal working schedule.

NAME _____ DATE OF HIRE _____

JOB TITLE _____ DEPARTMENT _____ EXT _____

NAME OF ACADEMIC INSTITUTION _____

CURRICULUM-MAJOR _____ DEGREE SOUGHT _____

I wish to apply for tuition assistance for the course(s) indicated below. I understand that the course must be related to my work and that any changes must be reported to and approved by the Human Resources Department prior to the start of the course.

What degree(s) if any, do you presently hold? _____

Are you eligible for tuition assistance from other sources (scholarship, grants, or VA benefits)?

Yes No – If yes, specify sources and amounts. _____

SUBJECTS (Full Title & Catalogue No.)	NUMBER OF SEMESTER			TERM OR PERIOD (Semester Dates)		TUITION COST ONLY Excluding Registration Fees, Textbooks, Lab Supply Fees, etc.
	Hours	Credits	Cost per Credit	From	To	
			\$			\$
			\$			\$
			\$			\$

If my application is approved and I receive tuition assistance reimbursement, I agree to remain in the employ of the University for a period of at least six (6) months after receiving tuition reimbursement. In the event I fail to abide by this agreement, and if other repayment arrangements have not been agreed to, I hereby authorize deduction from my paycheck(s) to reimburse the University for the total amount of tuition paid based on the approval of this application. I further understand that the income tax impact of this benefit is subject to current IRS regulations.

Employee Signature _____ Date _____

Department Head/Chairperson _____ Date _____

Vice President of Academic Affairs _____ Date _____
(For Faculty Only)

Human Resources Department _____ Date _____