URSINUS COLLEGE
EDUCATIONAL ASSISTANCE PROGRAMS APPROVAL REQUEST

Employee: _____   Social Security #: _____

Date of Hire: _____   Years of Service: _____   Employment Status: Full-Time   Part-Time

APPLICANT: _____   Social Security #: _____

Address of Applicant: _____   City _____ State ____ Zip _____

Birthdate of Applicant : _____ Age: _____   Relationship to Employee: _____

Current Class Status: (circle one)   Freshman   Sophomore   Junior   Senior

9th semester student teaching   Other: _____

I hereby request for:

☐   Tuition Remission at Ursinus College for _____   FT Day _____
(Academic Year)   PT Day _____

☐   Tuition Exchange: The Tuition Exchange Program for   _____
(Academic Year)

☐   Tuition Grant at Other Institution (For Faculty Hired Prior to 1/1/95 only)

Name of College: _____

Address for Bills: _____

_____

Due Date of Bills: _____

Annual Tuition at Institution: _____

By signing this form you declare that, if the applicant is not yourself, it is your spouse or an eligible dependent child as defined by the IRS.

_____   _____
(Date)   (Signature of Employee)

****
ACTION: DATE: _____

☐   Approved for $_____

☐   Disapproved--Reason: _____

Authorized by: _____
HR Representative