

Academic Year _____

Self Spouse or same Sex Partner Dependent Child

EMPLOYEE SECTION

Student Name (last, first, middle initial) _____ Student ID _____ Student Age _____

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

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Student has prior B.S./B.A. degree. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 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 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. Approval of this request permits 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: _____ - _____ - 5880 - _____

Administrative Supervisor Approval: _____ Date _____

HR

Full-time Administrator/ATSS Part-time Administrator/ATSS Full-service Faculty Full-time Instructor

Human Resources Approval: _____ Date _____

FINANCIAL AID

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