

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 _____
PT Day _____
(Academic Year)

☐ 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