PERSONAL INFORMATION:

Name: __________________________ University ID #: ____________

Work Email: ______________________ Work Phone: ______________________

This application is for the following semester:

☐ Fall   ☐ Spring   ☐ Summer

COURSE INFORMATION:

Please complete all information for each course for which tuition assistance is being requested.

Course Title: __________________________ Course Number: ____________

Credit Hours: ____________

Course Title: __________________________ Course Number: ____________

Credit Hours: ____________

Course Title: __________________________ Course Number: ____________

Credit Hours: ____________

Course Title: __________________________ Course Number: ____________

Credit Hours: ____________

*By signing below, the immediate supervisor confirms that the courses above are related to the employee’s job.

Supervisor Signature: __________________________ Date: ____________

Tuition Assistance Program: Terms of Agreement

1. Payment of the course becomes the responsibility of the employee if the employee;
   a. Receives a grade of less than a B- for graduate courses, a C- for undergraduate courses or an I.
   b. Drops or withdraws (W/WF) from an approved course after the tuition deadline.
   c. The employee terminates employment during the semester or within one year of the end of the semester in which tuition assistance was last approved.
   d. Changes an approved course to an audit.
2. Tuition assistance may not be approved if:
   a. The employee dropped, withdrew, receives a grade of less than a B- for graduate courses, C- for undergraduate courses or receives a grade of I (that is not cleared by the deadline established by the Registrar) for two or more semesters.
3. If requirements of this program are not met, the tuition assistance will be withdrawn and the student will receive a bill from the Office of Finance. The student will be responsible for payment of the bill immediately. Late fees and, if applicable, collection fees may be assessed by the Office of Finance and are the responsibility of the student.
4. The request for tuition assistance is contingent upon the availability of funds and will be approved based on the seniority of employees applying for aid. If funds are not available at the time the request is submitted, the indebtedness for the course remains the responsibility of the student.
5. Payment for any course will not exceed the in-state tuition rate for Old Dominion University.
6. Failure to comply with the tuition assistance program policy may influence future decisions concerning such tuition assistance.
7. Changes to the original application (drop/add/withdrawal) must be reported immediately to Human Resources.
8. Changes to the original application that result in an increase in the amount of tuition assistance requested may only be approved if funds are available.
9. An appeal may be filed with the Assistant Director of Human Resources for Benefits Services should tuition assistance be denied for any reason other than for lack of available funds.

I certify that I have read and understand the Tuition Assistance Policy and the Faculty and AP Faculty Tuition Assistance General Information and Instructions. The information that I have provided is complete and accurate to the best of my knowledge.

Applicant Signature: __________________________ Date: ____________