

# Staff Tuition Assistance Application Form

Return form to HR Department



**BAU**  
Bay Atlantic  
University

<b>Social Security #</b>		<b>Last Name</b>		<b>First Name</b>		<b>M.I.</b>
<b>Street Address</b>		<b>Apt #</b>	<b>City and State</b>		<b>Zip Code</b>	<b>Home Phone</b>
<b>Job Title</b>		<b>Hire Date</b>		<b>Supervisor</b>		<b>Work Phone</b>
<b>Check Applicable Term for Degree Programs</b>				<b>Term Starting Date</b>		<b>Term Ending Date</b>
Fall 20____ Spring 20____ Summer 20____				____ / ____ / ____ <i>Month Day Year</i>		____ / ____ / ____ <i>Month Day Year</i>
<b>Specify the Session for Non-Degree Programs</b>				<b>Degree Status</b>		
_____(Month) / _____ (Year)				Undergraduate____ Graduate____ Non-Credit____		

## List Courses Taken This Term

Credit Courses			Non-Credit Courses	
Course #	# Of Credits	Title	Course #	Title

<b>For Office Use Only</b>	
<b>Proof of</b>	<b>Amount Refunded</b>
HR _____ By _____	\$ _____
A/R _____ By _____	By _____

<b>Fees</b>	
<b>Tuition</b>	\$ _____
<b>Tuition Discount</b>	% _____

I Hereby Declare That the Above Statements Are True.

Employee Signature \_\_\_\_\_  
 HR Signature \_\_\_\_\_  
 A/R (Bursar) Signature \_\_\_\_\_

Date: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Date: \_\_\_\_\_