

FISK UNIVERSITY

Employee Tuition Assistance Form

Fisk University provides educational assistance for employees interested in taking courses at the University. Please refer to the employee handbook for details and eligibility requirements. This form must be completed in signature order. Each item on the form must be certified. **Failure to meet registration deadlines, etc., may nullify all certifications and participation in the program for the semester.**

Employee Name	Social Security Number
Position Title	Date of Hire
Department/Division	
Type of Degree: _____	
Associate: _____ Bachelor: _____ Master: _____	
Course Title(s): _____	

Semester: Fall 20____ Spring 20____	
Course Dates: Begin: ____/____/____ End: ____/____/____	

1	The above named individual is a University employee and is eligible to participate in the University's tuition-free program	Signature and Date VP & CHRO
2	The above named individual has been approved and budgeted to take courses at Fisk for the aforementioned semester.	Signature and Date Supervisor
3	The above named individual has financial approval to apply for the tuition waiver for the aforementioned semester.	Signature and Date Purchasing and Budget Manager
4	The above named individual has on file a completed financial aid application (FAFSA) for academic year 20____ - 20____.	Signature and Date Director of Financial Aid
	The above named individual has completed registration for the aforementioned semester, and has indicated that he/she plans to enroll.	Signature and Date University Registrar
6	The above named individual has a validated Fisk Employee ID card.	Signature and Date Director of Campus Safety

VP for Finance & Accounting and Chief Financial Officer Date _____

Copies provided to: _____ Financial Aid Office ___ Student Accounts/Business Office
 _____ Human Resources Office ___ Registrar's Office