

ANGELO STATE UNIVERSITY
OFFICE OF HUMAN RESOURCES

APPLICATION FOR EMPLOYEE TUITION EXEMPTION PROGRAM

SECTION A – EMPLOYEE INFORMATION

Employee Name: _____ Job Title: _____ CID: _____
ASU Email: _____ Work Phone No.: _____ Department: _____

SECTION B – ENROLLMENT INFORMATION

Course Level: Undergraduate Graduate
Term/Year: Fall Spring Summer I Summer II
Pursuing Degree: Yes No Degree Program: _____
Course Title: _____ Course Number: _____ Credit Hours: _____

SECTION C – EMPLOYEE ACCEPTANCE AND SIGNATURE

I understand and agree to the requirements of the ASU Employee Tuition Exemption Program to include:

- Taking a course during my standard work hours is subject to my supervisor's approval
- My supervisor and I have agreed on a modified schedule to allow me to make up my missed work time
- I must maintain a grade point average of 2.25 for undergraduate courses, and a 3.0 for graduate courses to qualify for this program
- Dropped courses are not subject to the exemption under this program
- Approval under this program may affect the amount of financial aid received by me
- I understand that delinquency in student loans or money owed for previous courses taken would disqualify me

Employee Signature: _____ Date: _____

SECTION D – SUPERVISOR APPROVAL AND SIGNATURE

I understand and agree to the requirements of the ASU Employee Tuition Exemption Program to include:

- The above named employee has my permission to take time off from work to attend classes at ASU
- I have agreed to a modified schedule to allow this employee to make up lost work time
- The above named employee is not the subject of any disciplinary action six months prior to the beginning of the academic semester or summer sessions

Supervisor Signature: _____ Date: _____

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Employee qualifies: Full-time Employed 12 continuous months Performance standing No disciplinary action

Human Resources Review: _____ Date: _____

Office of Financial Aid Review: _____ Date: _____

Bursar's Office Review: _____ Date: _____

Employee meets grade requirement: Yes No Employment requirement Yes No

Human Resources Approval: _____ Date: _____