



Print Form

Angelo State University Application for Employee Tuition Exemption Program

Section A: Employee Information

Name: CID: Job Title:
 ASU Email: Work Phone: Department:

Section B: Enrollment Information

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

Does this course interfere with your work schedule? No Yes (list course meeting time)

Rules for 5x8 Term Programs: This tuition exemption will only cover 3 semester credit hours per semester. Fall A and Fall B are considered to be 1 semester and Spring A and Spring B are considered to be 1 semester. Please indicate whether you are applying for Fall A, Fall B, Spring A, or Spring B term in the space provided above.

Section C: Employee Acceptance and Signature

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

- Taking a course during my standard work hours is subject to my supervisor's approval. When possible, I will choose courses that do not interfere with my work schedule.
- If the course I am taking interferes with my work hours, 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.
- Classes approved for under this program that are dropped or withdrawn from will forfeit the tuition exemption benefit.
- 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 including:

- If needed, I agree to work with the above named employee to schedule time off from work to attend classes at ASU, utilizing vacation time when necessary.
- If the requested course interferes with the employee's work schedule, I will consider modified work schedule or other options 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:

For Office Use Only

Employee Qualifies: Full-time Performance standing No disciplinary action

Application is Denied Reason for Denial:

Human Resources Review: Date:

Scholarship/Financial Aid Review: Date:

Bursar's Office Review: Date:

Post Semester Review: Employee meets grade requirement: Yes No Employment requirement: Yes No

Approval stands Approval is being revoked Reason for Revocation:

HR Director Signature Date: