## Ohio Wesleyan University Employee OWU Undergraduate Tuition Application for Benefit at OWU

Applicant's Legal Name:	
Employee's Name:	Dept
Employee's Date of Full Time Employment	
Applicant's Relationship to employee: Self	SpouseChild
Definition of Children for purpose of this policy:	
<ul> <li>Legally adopted children and stepchildren (In the case of a substantiating legal adoption.)</li> <li>Court appointed dependents –official court documentation at each registration to verify current custody of no less there</li> </ul>	oirth certificate bearing the name of both the child and the parent. doption — a one- time presentation of official court documentation, substantiating the employee's custody of the child must be presented in dependent's high school years.
applicant will enroll. Please complete for the Entire Academic	
Academic Year:	
Class: Freshman Sophomore Ju	unior Senior
# Courses Fall #Courses Spring	#Courses Summer
Undergraduate Tuition Benefit Summary	
complete a tuition benefit application and have been emplo	or qualified, undergraduate children or spouses, the employee must byed by the University full-time for a minimum of 1 year prior to the l-time employees, and not considered part-time or temporary.
year prior to the start of the semester of enrollment, and mo	has been employed by the University full time for a minimum of 1 ust also have approval from his or her supervisor. The employee is e full-time employees, and not considered part-time or temporary.
general, special, off-campus program and food plan fees m	es not cover any fees, off-campus programs or food plan fees. All nust be paid by the student or parent. Room fee allowance is 50% of ag semester if space is available. The student must live on campus in an is required for students living on campus.
<ul> <li>Recipients of the OWU tuition benefit must meet the admis academically.</li> </ul>	ssions standards of the University and must remain in good standing
<ul> <li>Complete and return this form to the HUMAN RESOURC or e-mail <a href="https://hr/html/hr/@owu.edu">hr/@owu.edu</a>.</li> </ul>	ES Office in University Hall 003. For questions, please call x 3388
A new form must be completed <u>each</u> AC	CADEMIC YEAR.
Employee Signature	Date
Supervisor Approval (if tuition benefit is for employee)	Date

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Human Resources, Accounting, Registrar Office Use ONLY	

Employee Date of Hire:	
Signature - Human Resources	Date
Notes:	