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

Applicant's Name:	SS#	(if spouse or dependents)
Employee's Name:	Dept	
Employee's Date of Full Time Employment		
Applicant's Relationship to employee: Self	Spouse	Child
Definition of Children for purpose of this policy:		
<ul> <li>Biological children – a one-time presentation of certified birth</li> <li>Legally adopted children and stepchildren (In the case of adopsubstantiating legal adoption.)</li> <li>Court appointed dependents –official court documentation subat each registration to verify current custody of no less then defended to the contract of the court and the court appointed dependents.</li> </ul>	otion – a one- time preser ostantiating the employee	ntation of official court documentation, 's custody of the child must be presented
<b>OWU Undergraduate Program -</b> Semester(s) for which benefit i applicant will enroll. Please complete for the Entire Academic Year		ed number of courses for which the
Academic Year:		
Class: Freshman Sophomore Junio	or Senior	
# Courses Fall #Courses Spring	#Courses Summer _	
Undergraduate Tuition Benefit Summary		
• In order to be eligible to receive an OWU tuition benefit for q complete a tuition benefit application <i>and</i> have been employed enrollment. Employees must be full-time employees, and not of	d by the University full-t	ime prior to the start of the semester of
• An <i>Employee</i> is eligible to use the tuition benefit, if he/she has semester of enrollment, <i>and</i> must also have approval from his semester. Employees must be full-time employees, and not co	or her supervisor. The e	employee is limited to two (2) courses per
• The OWU tuition benefit covers the cost of tuition and does n All general, special, off-campus program and room and board		
• Recipients of the OWU tuition benefit must meet the admission academically.	ons standards of the Univ	ersity and must remain in good standing
• Complete and return this form to the HUMAN RESOURCES or e-mail <a href="mailto:hr@owu.edu">hr@owu.edu</a> .	Office in University Hal	1 003. For questions, please call x 3388
A new form must be completed <u>each</u> ACA	DEMIC YEAR.	
Employee Signature	Date	
Supervisor Approval (if tuition benefit is for employee)	Date	

## **Human Resources, Accounting, Registrar Office Use ONLY**

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