

# St. Mary's University Employee Education/Tuition Benefits Form

## Section I: Employee Information

Complete the form for the requested semester in which courses are planned to be taken.

Requested semester:            Spring \_\_\_\_\_            Summer \_\_\_\_\_            Fall: \_\_\_\_\_  
Date of hire: \_\_\_\_\_            Today's date: \_\_\_\_\_  
Employee's name: \_\_\_\_\_            Status: \_\_\_ Full-time \_\_\_ Three-quarter-time  
St. Mary's ID number: \_\_\_\_\_            Phone: \_\_\_\_\_  
Job title: \_\_\_\_\_            Work schedule: \_\_\_\_\_  
Department: \_\_\_\_\_            Department phone: \_\_\_\_\_  
Departmental supervisor: \_\_\_\_\_            Divisional leader: \_\_\_\_\_

## Section II: Education Program (Degree-seeking and non-degree-seeking)

Admitted to the University: \_\_\_ Yes \_\_\_ No            Date of acceptance: \_\_\_\_\_

Requested degree program: \_\_\_\_\_

Type of program: \_\_\_ Undergraduate  
                             \_\_\_ Graduate                                \_\_\_ Counseling Ph.D.  
                             \_\_\_ MBA for Professionals                        \_\_\_ MJur Concentration: \_\_\_\_\_  
                             \_\_\_ Other: \_\_\_\_\_

Requested course number(s): \_\_\_\_\_            Requested credit hours per semester: \_\_\_\_\_

Requested course(s) are required as part of the degree program:            \_\_\_ Yes \_\_\_ No

                             If not, is the course related to your work?            \_\_\_ Yes \_\_\_ No

Requested class schedule: \_\_\_\_\_

Requested class to be taken during your regular work period?            \_\_\_ Yes \_\_\_ No

                             If yes, identify time and day of class: \_\_\_\_\_

                             If yes, identify alternative work schedule to replace time spent in class, hour per hour:  
\_\_\_\_\_

Are requested course(s) part of United Colleges of San Antonio Cooperative Agreement? \_\_\_ Yes \_\_\_ No

Employee's signature: \_\_\_\_\_            Date: \_\_\_\_\_

By signing this form, the employee agrees to the terms of the tuition benefit as described in the St. Mary's Tuition Benefits Policy. The employee acknowledges responsibility for paying any applicable taxes and fees, as well as tuition balance if applicable for non-undergraduate courses.

### Section III: Supervisor

Employee has met to discuss impact of classes on employee's job:  Yes  No

Employee plans to take one class during their regular work period:  Yes  No

If yes, identify alternative work schedule to replace time spent in class, hour per hour:

Total number of hours employee is enrolling in:  < 6  6+

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, the departmental supervisor verifies the employee has a record of satisfactory job performance.

### Section IV: Divisional Leader

Divisional leader has read the form and approves by signing below.

Leader's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section V: Human Resources Office

The Office of Human Resources reviews the form and verifies the policy has been applied properly.

Eligible for tuition benefit:  Yes  No Fund code: \_\_\_\_\_

Benefit rate:  50%  75%  100%

Approval by the Office of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_