

Employee Request for Tuition Benefits

Employee Information	Dependent Information (if applicable)
Name _____	Name of Dependent _____
Department _____	SSN _____ - _____ - _____ Date of Birth ____/____/____
La Salle ID # _____	Circle one: Dependent Child Spouse
La Salle Phone # _____	Date of high school graduation _____

Tuition Benefit Guidelines:

- Employee tuition - Employees are eligible the first day of the term following their date of hire for:
 - Undergraduate: Maximum of nine (9) credits per term for evening programs only.
 - Graduate: Maximum of six (6) credits per term for part-time programs only (doctoral courses excluded). Please note, a portion may be subject to personal income tax (see [Benefits Guide](#)).
- Dependent child/spouse tuition – Employees are eligible once they’ve served La Salle University in a full-time capacity for 5 years (however, previous full-time higher education experience may be accepted) for:
 - Undergraduate: Maximum of eighteen (18) credits per term for full- or part-time programs as long as the dependent child/spouse does not already have a baccalaureate degree.
- Tuition benefits cover tuition only. Effective Summer I 2018, all fees are the responsibility of the employee/student.
- The amount of tuition benefits may be adjusted depending on additional federal and state grant/loan eligibility (e.g., a dependent student cannot receive the Resident Scholar Award on top of Tuition Remission).
- For tuition benefits to be credited to your account, you must attach a copy of the current La Salle University charges. If you add or delete a class, you must inform Financial Aid so that you can be properly credited.
- For tuition remission, if an eligible employee terminates employment with La Salle University prior to the end of a semester, the employee or dependent will be responsible for the prorated cost of tuition based on the University’s Withdrawal Refund Policy. For tuition exchange, La Salle will notify the exchange school and the employee’s responsibility will be subject to the policies of the exchange school.
- Please refer to La Salle University tuition related policies for additional information.

Tuition Benefit Requested:

Academic Year _____ / Semester (for remission, choose one) __ Summer __ Fall __ Spring

- _____ Undergraduate Tuition Benefit for Faculty/Staff. **ATTACH BILL AND SCHEDULE.**
- _____ Graduate Tuition Benefit for Faculty/Staff. **ATTACH BILL AND SCHEDULE.**
- _____ Dependent Child/Spouse Tuition Benefit (undergraduate students only) -
 - A. ___ Dependent Child/Spouse at La Salle. **ATTACH BILL, COPY OF 1040 (earnings blocked out), AND SCHEDULE.**
 - B. ___ Tuition Exchange for Dependent Child. **ATTACH COPY OF 1040 (earnings blocked out).**
(School name): _____

By signing below I indicate I have read and agree to the information included on this form.

Employee’s Signature: _____ **Date:** _____

For Office Use Only			
Employee Date of Hire (Full-Time) ____/____/____	Funding Code _____		
Eligible? (select one): Yes ____ No ____	Charges _____		
	Amount of Benefit _____		
_____	_____	_____	_____
Human Resources Signature	Date	Financial Aid Signature	Date