

## APPLICATION INSTRUCTIONS AND INFORMATION:

- Tuition Benefits only cover tuition costs, additional fees, room, and board, etc. are not covered as part of the benefit. Review the Tuition Benefit policy (<http://www.capital.edu/policies-and-handbooks/>) for benefit eligibility and provisions.
- One application per student per academic year must be completed. An academic year is defined in order as fall, spring, and summer (classes starting in May 2018 are considered a part of the 2017-2018 academic year).
- Applications for Tuition Remission and Tuition Payment are due May 1<sup>st</sup> before the academic year you are applying for. Applications for Tuition Exchange should be completed during the fall semester the year before the academic year you are applying for as part of the host institution's approval process. If you are past the deadline, please speak with HR as soon as possible.
- All graduate students must complete a graduate tuition taxation form **each** semester.

Additional information can be found in the Tuition Policy (<http://www.capital.edu/policies-and-handbooks/>) or by contacting Human Resources.

## Information Regarding Person Receiving Tuition Benefit

|  |                               |
|--|-------------------------------|
| <b>Student Name</b>  | <b>Social Security Number</b> |
| <b>Street Address</b>  | <b>Date of Birth</b>          |
| <b>City, State, Zip Code</b>   | <b>Relationship</b>           |
| <b>Student classification for terms requested in application:</b><br><input type="checkbox"/> First-Time Freshman <input type="checkbox"/> Continuing Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior<br><input type="checkbox"/> Graduate Student <input type="checkbox"/> Other: _____ |                               |
| <b>Student Status for terms requested in application:</b> <input type="checkbox"/> Degree seeking <input type="checkbox"/> Non-degree seeking  |                               |

## Information Regarding Employee Requesting Tuition Benefit

|   |                     |              |
|---|---------------------|--------------|
| <b>Employee Name</b>  | <b>Date of Hire</b> |              |
| <b>Department</b>   | <b>Phone</b>        | <b>Email</b> |
| <b>Employee Classification:</b> <input type="checkbox"/> Non-Exempt/Staff <input type="checkbox"/> Exempt/Administrator <input type="checkbox"/> Exempt/Faculty |                     |              |
| <b>Employee Status:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Three-quarter-time  |                     |              |

**Program Information**

| <input type="checkbox"/> Tuition Remission  | <input type="checkbox"/> Tuition Exchange  |  | <input type="checkbox"/> Tuition Payment   |  |
|---|--|--|--|--|
| <b>Semesters:</b><br>Fall 20____<br>Spring 20____<br>Summer 20____  | <b>Semesters:</b><br>Fall 20____<br>Spring 20____<br>Summer 20____   | <b>Quarters:</b><br>Fall 20____<br>Winter 20____<br>Spring 20____<br>Other____ | <b>Semesters:</b><br>Fall 20____<br>Spring 20____<br>Summer 20____   | <b>Quarters:</b><br>Fall 20____<br>Winter 20____<br>Spring 20____<br>Other____ |
| <b>Course of Study</b><br>Undergraduate:<br><input type="checkbox"/> Traditional <input type="checkbox"/> CLL<br><br>Graduate (list program):<br>_____<br><br><b><i>For first time graduate applicants please complete section below.</i></b> | <b>Institution(s) to apply for:</b><br>_____<br>_____<br>_____<br>_____<br>_____<br><br>Once your eligibly has been determined, the Financial Aid Office will begin processing your application for Tuition Exchange. The Financial Aid Office will contact you to update you on the status of your application. |  | <b>Institution attending:</b><br>_____<br><br><b>This institution is:</b><br><input type="checkbox"/> Lutheran <input type="checkbox"/> Non-Lutheran<br><br>When you receive the tuition bill from your dependent’s institution, please forward <b>two</b> copies of the bill to the Office of Human Resources. A check will be made payable to the institution. |  |

**Graduate studies only – description of job-relatedness:**

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**EMPLOYEE CERTIFICATION:**

I certify that the person for whom Tuition Benefit is requested is an employee, a spouse, a registered domestic partner, or a dependent in accordance with the definition as stated in the current Tuition Benefit policy.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_