EMPLOYEE TUITION BENEFIT (ETB)

- Admission as a student to Samford University through the Admissions Office is **required** prior to registration for any class and for receipt of ETB.
- Registration through Student Records is **required** prior to class attendance each term.
- Each academic year, an Employee Tuition Benefit (ETB) form must be completed and returned to Human Resources (302 Samford Hall) no later than two weeks prior to the first term the student attends.
- Advise the Office of Financial Aid of any financial assistance from other sources.
- ***Advise the Office of Financial Aid of any change in your enrollment status that is different from what you indicate below.***

Student's Name: _____ Banner ID: _____
(Please Print)

Employee's Name: _____ Banner ID: _____
(Please Print)

Academic Year: _____Anticipated Graduation Date: _____

Anticipated Hours per Semester: Summer_____Fall _____Jan _____Spring _____

Housing Status (dependent only): ○ On-Campus ○ Off-Campus ○ Not Applicable

I. **Certification By Employee**

As a full-time employee of Samford University, I certify that the student named above is myself or either my spouse, or dependent that may be claimed for federal income tax purposes. I further certify that I (and my dependent or spouse – if applicable) have read, understand and agree to abide by the ETB policy as approved by the Trustees of Samford University.

Has this student received an undergraduate degree from Samford University utilizing the Employee Tuition Benefit?

○ Yes ○ No

_____ _____
Employee's Signature Date Student's Signature Date

II. **Certification By Employee's Supervisor (If this ETB request is for an employee)**

I am aware of this employee's plans to attend classes _____
Supervisor's Signature Date

III. **Certification of Full-time Employment (To be completed by Human Resources)**

Employee's Service Date	HR Representative	Date	100% tuition remission	75% tuition remission	50% tuition remission

R: 03/10