



NO-COST TUITION APPLICATION

Year _____

FALL Semester (due June 15) SPRING Semester (due October 15)

SUMMER: TERM I TERM II (due April 15—please submit one form for each term)

EMPLOYEE NAME: _____

DEPARTMENT: _____

Student Name: _____

Address: _____

Member of University Staff/Faculty

Spouse of University Employee

Child of University Employee: Age: _____ Marital Status: Single Married Divorced Other

If your child can check ANY of the following boxes, they will NOT be eligible for the No-Cost Tuition Benefit

I am 24 years old or older by January 1

I am Married

I will be working on a Master's or Doctorate Program (e.g. MA, MBA, MD, JD, PhD)

I now have or will have children for whom I will provide more than half of their support between July 1 of current year through June 30 of the coming year

I already obtained a baccalaureate degree

Are Courses being taken for University Credit: YES NO

CLASSIFICATION: Freshman Sophomore Junior Senior

Number of hours Student plans to take: _____ Degree/Major Student is seeking: _____

List all other family members who have been or are currently enrolled in MHU (First & Last Name)

****Employees or employees families are NOT eligible for the No-Cost Tuition benefit if there is an overdue balance on the employee's account or any other family member's account****

****Employees taking classes must complete the back of this application to show class schedule and make-up time. Your immediate supervisor must sign the approval.****

This Section for Human Resources

Human Resources: Employee Information

Part-time Full-time Date of Employment: _____

Person taking courses is eligible for this benefit. Yes No: Reason _____

Human Resources _____ Date _____

Financial Aid Director _____ Date _____

NOTE: The University employee must have been employed by the University for one year as approved by the Director of Human Resources in order for the employee, spouse, and/or eligible children to be eligible for this benefit. Participation in this benefit for the employee, spouse, and/or eligible child(ren) will end if employment is terminated. This applies to current or future semesters that are approved for the student.

Employee's Class and Make-Up Time Schedule

| HOUR | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---------|--------|---------|-----------|----------|--------|
| 8 - 9 | | | | | |
| 9 - 10 | | | | | |
| 10 - 11 | | | | | |
| 11 - 12 | | | | | |
| 12 - 1 | | | | | |
| 1 - 2 | | | | | |
| 2 - 3 | | | | | |
| 3 - 4 | | | | | |
| 4 - 5 | | | | | |

Please indicate on the chart above your: Class Schedule---Lunch Break---Make-Up Time

Supervisor's Signature for Approval: _____ **Date:** _____

See MARS HILL UNIVERSITY **STAFF HANDBOOK** POLICIES:

“No-Cost Tuition Benefit for Employees/Time Off to Attend Classes.”