

ANDREWS UNIVERSITY

Tuition Assistance Application

Please fill in information *completely* to avoid delay in processing your application and then submit to the Employee Benefits Office, Human Resources. Questions? Please call 269-471-3886 or email benefits@andrews.edu.

EMPLOYEE'S INFORMATION:

Employee's Name _____ AU ID# _____
 Department _____

Spouse's Name _____ AU ID# (if any) _____
 Occupation _____
 Employer _____
 Address/Telephone _____

DEPENDENT'S INFORMATION:

Full Name of Dependent(s)	AU ID (if any)	Date of Birth	Name of School Attending in 2005-2006	Name of School will attend in 2007-2008	Grade/College Level	Dormitory or Commute
_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____

I, _____ have read and understand the tuition assistance policy implemented by Andrews University. I request my organization to remit, on my behalf, assistance for my dependent(s).

Employee's Signature _____ Date: _____

FOR ANDREWS UNIVERSITY EMPLOYEE BENEFITS OFFICE USE:

Financial assistance for the above-referenced employee's dependent(s) is/are hereby approved. Education subsidy will be sent directly to:

	Dependent(s)	Dependent(s)	Tuition Assistance %
<input type="checkbox"/> Andrews University	_____	_____	_____
<input type="checkbox"/> Andrews Academy	_____	_____	_____
<input type="checkbox"/> Ruth Murdoch Elementary School	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____

Starting Date of Tuition Assistance _____

Authorized by _____ Date: _____