

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 2009-2010	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: _____