

# 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](mailto: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: \_\_\_\_\_