



Employee Tuition Assistance Application

Employee Name (Last, First) <i>Please print</i>	Banner ID	Access ID	Age 60+? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title	Work Phone	Date of Hire	

I am a graduate student, actively engaged in teaching or research and enrolled in a degree-seeking graduate program? Yes No

Year: _____ Term: Fall Winter Spring/Summer
 Revised Application (change to originally submitted application)

Course Number - Subject	Credit Hours

HOW TO APPLY: Submit this form AFTER completion of the Registration Process. This form must be submitted to Benefits and Wellness no later than 10 business days after the Last Day for Tuition Cancellation for the term for which benefits are requested. If the number of courses or credits changes, send a new application form, marked REVISED. For further program details see our website: <https://wayne.edu/hr/tcw/tuition-assistance/index.php>

SUMMARY OF PROGRAM RULES:

- **ELIGIBLE EMPLOYEE** - An employee must be an Eligible Employee with a hire date on or before the last day of the Open Registration Period for the term for which benefits are requested.
- **REASONS FOR FORFEITURE OF BENEFIT** - The employee must remain on the WSU payroll until the end of the term for which benefits are requested, or benefits will be forfeited. The employee is required to successfully complete the courses. The employee must earn a passing grade for undergraduate courses of "D" or better and for graduate courses of "C" or better, or benefits will be forfeited. Benefits will be forfeited if the employee drops, withdraws, or takes an incomplete.
- **TAXATION OF BENEFIT** - * Graduate level courses may be subject to income tax. Certain graduate students classified as research assistants who are actively engaged in teaching AND research will be exempt from taxation on graduate coursework.
- **OTHER** - The Tuition Benefit is calculated on tuition, omnibus fee and registration fee. The student is responsible for all other charges.
- The student must abide by all rules established by the Registrar or Student Accounts Receivable.

EMPLOYEE CERTIFICATION:

By typing or signing my name below, I certify that I am an Eligible Employee of Wayne State University and that the above information is complete and accurate and I am familiar with the eligibility and forfeiture requirement.

EMPLOYEE PROMISSORY NOTE:

In consideration for being allowed to register and attend classes at Wayne State University pursuant to the University's Tuition Assistance Benefit Program during the Year _____ Term _____, I, _____, in the event I fail to satisfy any of the requirements for Employee Tuition Assistance Benefits, promise to pay to Wayne State University, upon demand, a sum equivalent to the tuition benefit. I authorize Wayne State University to collect this sum from any amounts due to me from Wayne State University including, but not limited to, compensation in the form of salary and/or wage payments up to the maximum amount allowed by union contract, University policy and other applicable law, until the entire amount of my obligation has been satisfied. By typing or signing my name below, I certify that I have read and understand this agreement and agree to be bound by its terms.

Employee Signature	Date
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HR Use Only:

Employee Class	Appoint Percent	Date of Hire	Credit Hours	Level	College	Residence	Class	Benefit Amount

Please return to: HR Service Center, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Fax: 313-577-0637; Email: askhr@wayne.edu