



Graduate Educational Benefit Request Full-time Faculty and Staff

FS

2008-2009

Student Applicant's Name _____

APU ID Number _____

Employees & Spouses please be aware:

- This is a tuition benefit only. All additional fees are the responsibility of the person using the benefit.
- Staff members must complete three months of their orientation period and must maintain acceptable work performance to receive this benefit for themselves or their spouse.
- This benefit will be put on your student account **AFTER** the add/drop period. Please complete this form **BEFORE** you register. All past balances must be paid in full to register for future courses.
- Students must meet Graduate Admissions requirements as listed in the graduate catalogue to qualify for this benefit.
- Check the most current Employee Handbook for rules governing this benefit.
- Doctoral courses are eligible for educational benefit **only** with the President's Cabinet approval.
- The benefit applies to Fall, Spring and Summer seasons (e.g. Fall, Fall 1 and Fall 2 together are one benefit period).
- This form is to be completed each academic year.
- Please notify Graduate Student Financial Services if your educational plans change.

1.	Employee name _____ Date of Employment ____/____/____
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2. The benefit	<input type="checkbox"/> Self <input type="checkbox"/> Spouse
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3. What position do you hold at APU:	<input type="checkbox"/> Full-time Administrator <input type="checkbox"/> Board Member <input type="checkbox"/> Full-time Faculty <input type="checkbox"/> Full-time Staff <input type="checkbox"/> Adjunct/Part-time Faculty Minimum 3 year teaching with an average of 6 units per year
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4. List the course units: (Units will be verified after registration)	Fall 2008 # _____	Spring 2009 # _____	Summer 2009 # _____
	Fall 1 2008 # _____	Spring 1 2009 # _____	Summer 1 2009 # _____
	Fall 2 2008 # _____	Spring 2 2009 # _____	Summer 2 2009 # _____
			Summer 3 2009 # _____

Employee Signature

_____/_____/_____
Date

Office Use Only							
a. Eligibility confirmed:	<input type="checkbox"/> Emp/Sp - 3 free/3 at 75%	<input type="checkbox"/> Program _____					
	<input type="checkbox"/> Summer - 50%	<input type="checkbox"/> Per Unit _____					
b. Registered for:	Fall 2008 # _____	Spring 2009 # _____	Summer 2009 # _____				
	Fall 1 2008 # _____	Spring 1 2009 # _____	Summer 1 2009 # _____				
	Fall 2 2008 # _____	Spring 2 2009 # _____	Summer 2 2009 # _____				
	Summer 3 2009 # _____						
c. Amount:	Fall 2008 \$ _____	Spring 2009 \$ _____	Summer 2009 \$ _____				
	Fall 1 2008 \$ _____	Spring 1 2009 \$ _____	Summer 1 2009 \$ _____				
	Fall 2 2008 \$ _____	Spring 2 2009 \$ _____	Summer 2 2009 \$ _____				
	Summer 3 2009 \$ _____						

MAILING ADDRESS

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