AUSTIN PEAY STATE UNIVERSITY Fee Waiver & APSU Reimbursement Request **ROTC ONLY**

Name:	Student ID #:				
Department: <u>APSU ROTC</u>	Job Title:				
FOAP: <u>110001-45401-62710-200</u>	_ Phone:				
Alternate work scheduled requested: [] Yes [] No If yes, attach schedule					
Foo Waiver One for gradit course per term (up to 12 gradit hours)					

Fee waiver – One for-credit course per term (up to 12 credit hours) Institution Torm

		Term		
Course #	Title of Course	Credit Hours	Class period (time/days) (Ex: T TH 9-10)	Total Covered (for SAS office)

APSU Reimbursement – Two courses (up to 6 hours per term)

Institution:			Term:		
Course #	Title of Course	Credit Hours	Class period (time/days) (Ex: T TH 9-10)	Total Covered (for SAS office)	

Degree/Area: ___

Employee's current degree status:

This course of study enhances the employee's value to the home institution as defined below (check one):

() Support for the pursuit of a terminal degree () Other (explain):

() Support for an employee training or retraining to enhance expertise needed by the institution

By requesting support for tuition reimbursement, I agree with the stipulations listed in a-d below:

a. The recipient, unless retired, shall be required to be employed by the institution for not less than one month of full-time employment for each month of the term of participation in the reimbursement program.

b. Satisfactory completion of coursework must be demonstrated to receive reimbursement and to remain eligible for continued participation in the reimbursement program. Institutions may provide reimbursement at the time fees are due.

c. Courses should be scheduled in counsel with supervisors to assure maintenance of optimum job performance. Courses should be scheduled at times other than during regularly scheduled work hours unless the supervisor has approved use of leave or other arrangements prior to enrolling in the course.

d. I will notify Student Financial Aid Services of this financial assistance.

I have read and fully understand the requirements (as detailed in the appropriate section of APSU Policy 5:001) related to my above stated request for educational assistance, including stipulations related to future use of the program, proof of satisfactory course completion, provision of receipts for reimbursement requests, and stipulations related to payback provisions.

ROTC Employee's Signature

I approve the above request and have addressed scheduling issues related to the employee's attendance in the classes detailed in the above request.

Supervisor's signature

I attest that the employee meets the program requirements for the above stated request

Date

Date

Date