



## EMPLOYEE TUITION BENEFIT (ETB)

- Admission as a student to Samford University through the Admissions Office is **required** prior to registration for any class and for receipt of ETB.
- Registration through Student Records is **required** prior to class attendance each term.
- Each academic year, an Employee Tuition Benefit (ETB) form must be completed and returned to Human Resources (302 Samford Hall) no later than two weeks prior to the first term the student attends.
- Advise the Office of Financial Aid of any financial assistance from other sources.
- **Advise the Office of Financial Aid of any change in your enrollment status that is different from what you indicate below.**

Student's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 (Please Print)

Employee's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 (Please Print)

Academic Year: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Anticipated Hours per Semester: Summer \_\_\_\_\_ Fall \_\_\_\_\_ Jan \_\_\_\_\_ Spring \_\_\_\_\_

Housing Status (dependent only):    On-Campus                      Off-Campus                      Not Applicable

### I. Certification By Employee

As a full-time employee of Samford University, I certify that the student named above is myself or either my spouse, or dependent that may be claimed for federal income tax purposes. I further certify that I (and my dependent or spouse – if applicable) have read, understand and agree to abide by the ETB policy as approved by the Trustees of Samford University.

Has this student received an undergraduate degree from Samford University utilizing the Employee Tuition Benefit?

Yes

No

\_\_\_\_\_  
 Employee's Signature                      Date

\_\_\_\_\_  
 Student's Signature                      Date

### II. Certification By Employee's Supervisor (If this ETB request is for an employee)

I am aware of this employee's plans to attend classes \_\_\_\_\_

\_\_\_\_\_  
 Supervisor's Signature                      Date

### III. Certification of Full-time Employment (To be completed by Human Resources)

_____ Employee's Service Date	_____ HR Representative	_____ Date	_____ 100% tuition remission	_____ 75% tuition remission	_____ 50% tuition remission
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