



## Employee Tuition Benefit (ETB)

### Summer Term

- 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 term, an Employee Tuition Benefit (ETB) form must be completed and returned to The Office of Financial Aid (Samford Hall) no later than two weeks prior to the beginning of each term.
- 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.

Students Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Anticipated Graduate Date: \_\_\_\_\_

Anticipated Hours for Summer: \_\_\_\_\_

Housing Status (dependent only):  On-campus  Off-campus  Not applicable

Is Student working towards a degree:  Yes  No

If no, explain why student is taking classes: \_\_\_\_\_

#### 1. 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.

Employment Status:  full-time employee  retiree

Has this student received an undergraduate degree from Samford University utilizing the Employment Tuition Benefit?  Yes  No

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

I am aware of this employee's plans to attend classes and confirm that the courses for which the employee is enrolled are beneficial to their job at Samford.

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

\_\_\_\_\_  
Date

#### 3. Certification of Full-time Employment (To be completed by The Office of Financial Aid)

\_\_\_\_\_  
Employee's Service Date

\_\_\_\_\_  
FA Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
100%

\_\_\_\_\_  
75%

\_\_\_\_\_  
50%